


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014028 AT

DOCUMENT # A00000001737	
1. Entity Name DESTIN PARTNERSHIP #2, LTD.	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR 30 AM 9:50

Principal Place of Business 5858 CENTRAL AVENUE ST. PETERSBURG FL 33707	Mailing Address P.O. BOX 41847 ST. PETERSBURG FL 33743-1847
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003	
4. FEI Number 59-3681942	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
SHER, CRAIG H 5858 CENTRAL AVENUE ST. PETERSBURG FL 33707	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$318,263.66	10. Amount of Capital Contributions in FLORIDA to date. 356,707.80	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000004274	STREET ADDRESS	
NAME	DESTIN RETAIL, INC.	CITY-ST-ZIP	
STREET ADDRESS	5858 CENTRAL AVENUE		
CITY-ST-ZIP	ST. PETERSBURG FL 33707		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

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[Handwritten signature]

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:	SIGNATURE REQUIRED	425-03	727-3846000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER CRAIG SHER, VICE PRESIDENT		Date	Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE