

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A97000002292

1. Entity Name
DESTINY DEVELOPMENT, LIMITED PARTNERSHIP

FILED
00 OCT 20 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: 215 MOUNTAIN DRIVE, STE. 109, DESTIN FL 32541
Mailing Address: 215 MOUNTAIN DRIVE, STE. 109, DESTIN FL 32541

2. Principal Place of Business: 999 Peachtree Street
3. Mailing Address: same as under 2

Suite, Apt. #, etc.: 1400

DO NOT WRITE IN THIS SPACE

City & State: Atlanta, GA
4. FEI Number: 59-3477459
Applied For: Not Applicable

Zip: 30309, Country: USA
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ROEGER, BERNHARD
215 MOUNTAIN DRIVE, STE. 109
DESTIN FL 32541

7. Name and Address of New Registered Agent
Name: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable):
1200 South Pine Island Road
City: Plantation, FL, Zip Code: 33324

8. The above named entity submits this statement for the purpose of changing its registered name or registered agent, or both, in the State of Florida.
SIGNATURE: *Mary R. Adams* MARY R. ADAMS, ASSISTANT SECRETARY, CT Corporation System-Service Company
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record: \$282,800.00
10. Amount of Capital Contributions in FLORIDA to date.
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	ROEGER, BERNHARD	STREET ADDRESS	
NAME	215 MOUNTAIN DRIVE, STE. 109	CITY-ST-ZIP	
STREET ADDRESS	DESTIN FL 32541		
CITY-ST-ZIP		STREET ADDRESS	FF \$926.25
DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	500003395255--2
STREET ADDRESS		CITY-ST-ZIP	-09/15/00--01090--013
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: *Bernhard Roeger* SIGNATURE REQUIRED Bernhard Roeger 08/18/00 850-240-9922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (5/00)