

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90054 003 ****50.00

DOCUMENT # L00000006463

1. Entity Name
DESTIN GAS GROUP I, L.L.C.

Principal Place of Business
**2905 THOMAS DRIVE
 PANAMA CITY BEACH FL 32405**

Mailing Address
**34876 EMERALD COAST PARKWAY
 DESTIN FL 32541**

2. Principal Place of Business

3. Mailing Address
1217 AIRPORT ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 419

City & State

City & State
DESTIN FL

Zip

Country

Zip
32541

Country

OKALOOSA

4. FEI Number **APPLIED FOR**
80-0036400

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, MELISSA E-
 151 6A REGIONS WAY
 DESTIN FL 32541**

Name **Rupert E. Phillips**
 Street Address (P.O. Box Number is Not Acceptable)
1217 AIRPORT ROAD
Suite 419
 City **Destin** **FL** Zip Code **32541**

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.

SIGNATURE

Rupert E. Phillips
 Signature, typed or printed name of registered agent and title if applicable.

RUPERT E. PHILLIPS
 (NOTE: Registered Agent signature required when reinstating)

4-29-02
 DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME **MGR**
PHILLIPS, RUPERT E ☐ Delete
 STREET ADDRESS **1713 GRAND SYCAMORE LANE**
 CITY-ST-ZIP **BAKER FL 32531**

TITLE
 NAME ☒ Change ☐ Addition
 STREET ADDRESS **1217 AIRPORT RD. SUITE 419**
 CITY-ST-ZIP **DESTIN, FL 32541**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Rupert E. Phillips
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-29-02 (850) 650-5201
 Date Daytime Phone #

CR2E083 (9/01)