





2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90234 042 ****50.00

| | | | | | |
|--|-------------------------------------|---|--|--|--------------------------------|
| DOCUMENT # L00000006757 1. Entity Name DESTAU ENTERPRISES, L.L.C. | | | |  | |
| Principal Place of Business 3060 LAKE WASHINGTON ROAD MELBOURNE, FL 32934 | | | Mailing Address 1070 EGRET LAKE WAY MELBOURNE, FL 32940 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address PO BOX 411089 Suite, Apt. #, etc. | |  | |
| City & State | | City & State MELBOURNE FL | | 4. FEI Number 59-3651912 | |
| Zip 32941-1089 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DESROSIER, MAURICE R 1070 EGRET LAKE WAY MELBOURNE, FL 32940 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4770 CHARDONNAY DRIVE City ROCKLEDGE FL 32955 | |
| 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  MAURICE R. DESROSIER DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by September 8, 2004 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE | MGR <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | TAUREL, LEON J | NAME | 4770 CHARDONNAY DR | | |
| STREET ADDRESS | 1070 EGRET LAKE WAY | STREET ADDRESS | ROCKLEDGE, FL 32955 | | |
| CITY-ST-ZIP | MELBOURNE, FL 32940 | CITY-ST-ZIP | ROCKLEDGE, FL 32955 | | |
| TITLE | MGR <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | DESROSIER, MAURICE R | NAME | 4770 CHARDONNAY DR | | |
| STREET ADDRESS | 1070 EGRET LAKE WAY | STREET ADDRESS | ROCKLEDGE, FL 32955 | | |
| CITY-ST-ZIP | MELBOURNE, FL 32940 | CITY-ST-ZIP | ROCKLEDGE, FL 32955 | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | 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:  MAURICE R. DESROSIER | | | 7/11/04 | | 3212596618 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | <small>Date</small> | | <small>Daytime Phone #</small> |