

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006837

1. Entity Name

DESTIN GAS GROUP II, L.L.C.

APPROVED  
AND  
FILED

01 MAY -2 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |  |
|--|--|
| Principal Place of Business<br>1241 AIRPORT ROAD<br>SUITE B<br>DESTIN FL 32541 | Mailing Address<br>1241 AIRPORT ROAD<br>SUITE B<br>DESTIN FL 32541 |
|--|--|



|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>34876 EMERALD COAST PKWY<br>Suite, Apt. #, etc. |
|---|---|

DO NOT WRITE IN THIS SPACE

|                            |                |  |
|----------------------------|----------------|--|
| City & State<br>DESTIN, FL | 4. FEI Number  | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| Zip<br>32541               | Country<br>USA | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br>JOHNSON, MELISSA E<br>151-6A REGIONS WAY<br>DESTIN FL 32541 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |
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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<br>Signature, typed or printed name of registered agent and title if applicable. | (NOT) Registered Agent signature required when reinstating) | DATE  |
| FILE NUMBER: FEE IS \$50.00<br>Make Check Payable to Department of State                   |   | 400004302264--5<br>-05/23/01--01060--003<br>*****50.00 *****50.00 |

| 9. MANAGING MEMBERS/MEMBERS                    |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>PHILLIPS, RUPERT E<br>1713 GRAND SYCAMORE LANE<br>BAKER FL 32531 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MEMBER<br>CHARLES W. CLARY<br>P.O. Box 778<br>SHALIMAR, FL 32579 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MEMBER<br>CHARLES W. CLARY III<br>P.O. Box 778<br>SHALIMAR, FL 32579 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MEMBER<br>WILLIAM MCKELUY<br>P.O. Box 217<br>BAKER, FL 32531 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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: CHARLES W. CLARY 4-30-01 (850) 654-5251  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)