


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90205 050 ****50.00

DOCUMENT # L00000006837 1. Entity Name DESTIN GAS GROUP II, L.L.C.					
Principal Place of Business 1217 AIRPORT ROAD SUITE 419 DESTIN, FL 32541			Mailing Address 1217 AIRPORT ROAD SUITE 419 DESTIN, FL 32541		
2. Principal Place of Business 1582 S. Pearl St.		3. Mailing Address 1582 S. Pearl St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Crestview, FL		City & State Crestview, FL		4. FEI Number 37-1435981	
Zip 32539		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCKELVY, WILLIAM R 1217 AIRPORT ROAD SUITE 419 DESTIN, FL 32541		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1582 S. Pearl St. City Crestview FL Zip Code 32539			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DESTIN GROUP, LLP 1217 AIRPORT ROAD DESTIN, FL 32531	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1582 S. Pearl St. Crestview, FL 32539	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS 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: <u>W. R. McKelvy</u> <u>1/12/04</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					