

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01-20-2004 90204 002 \*\*\*\*50.00

**DOCUMENT # L00000007356**

1. Entity Name  
**DESTIN GROUP PALACE I, LLC**



Principal Place of Business  
**1217 AIRPORT RD  
STE 419  
DESTIN, FL 32541**

Mailing Address  
**1217 AIRPORT RD  
STE 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.

01122004 Chg-LLC CR2E083 (10/03)

City & State  
**Crestview, FL**

City & State  
**Crestview, FL**

4. FEI Number  
**59-3671192**

Applied For  
Not Applicable

Zip  
**32539**

Country  
**USA**

Zip  
**32539**

Country  
**USA**

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

**MCKELVY, WILLIAM R  
1217 AIRPORT RD  
STE 419  
DESTIN, FL 32541**

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

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

(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  
**MGR  
MCKELVY, WILLIAM R  
1217 AIRPORT RD STE 419  
DESTIN, FL 32541** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1582 S. Pearl St.  
Crestview, FL 32539** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #