

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000007356

FILED  
Apr 30, 2003  
Secretary of State

Entity Name: DESTIN GROUP PALACE I, LLC

## Current Principal Place of Business:

1217 AIRPORT RD  
STE 419  
DESTIN, FL 32541

## New Principal Place of Business:

## Current Mailing Address:

1217 AIRPORT RD  
STE 419  
DESTIN, FL 32541

## New Mailing Address:

FEI Number: 59-3671192

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PHILLIPS, RUPERT E  
1217 AIRPORT RD  
STE 419  
DESTIN, FL 32541 US

## Name and Address of New Registered Agent:

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

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: WILLIAM R MCKELVY

04/30/2003

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: PHILLIPS, RUPERT E  
Address: 1217 AIRPORT RD STE 419  
City-St-Zip: DESTIN, FL 32541

Title: MEM (X) Delete  
Name: MCKELVY, WILLIAM  
Address: P.O. BOX 217  
City-St-Zip: BAKER, FL 32531

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: MCKELVY, WILLIAM R  
Address: 1217 AIRPORT RD STE 419  
City-St-Zip: DESTIN, FL 32541

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: WILLIAM R MCKELVY

MGR

04/30/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date