## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 15, 2002 8:00 am Secretary of State DOCUMENT # L0000007358 05-15-2002 90054 002 \*\*\*\*50.00 **DESTIN GROUP PALACE II. LLC** Principal Place of Business Mailing Address 34876 EMERALD COAST PARKWAY 34876 EMERALD COAST PARKWAY DESTIN FL 32541 DESTIN FL 32541 2. Principal Place of Business DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3663505 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PHILLIPS. RUPERT E Street Ad 34076-EMERALD GOAST-PARKWAY DESTIN FL 32541 City Zip Code 8. The above named entity s statement for the pyrgose of changing its registered office or registered agent, or both, in the State of Florida. PHILLIPS SIGNATURE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE CR2E083 (9/01) ☐ Delete Change ☐ Addition TAIRPORT ROAD Ste 419 NAME PHILLIPS. RUPERT E NAME STREET ADDRESS STREET ADDRESS 34876-EMERALD-COAST-PARKWAY-CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: THORIZED REPRESENTATIVE

NAME

STREET ADDRESS

CITY-ST-ZIP

4-29-02 (851) 650-5201