


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90024 022 ****50.00

DOCUMENT # L00000010910					
1. Entity Name DESCORP, L.C.					
Principal Place of Business 2000 NINETY-EIGHT PALMS BLCVD. DESTIN FL 32541			Mailing Address PO BOX 248 DESTIN FL 32540		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3679496	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCOTT, D. ROSS 125 MAIN ST. DESTIN FL 32541			Name SCOTT, D. ROSS		
			Street Address (P.O. Box Number is Not Acceptable) 2000 NINETY-EIGHT PALMS BLVD		
			City DESTIN, FL		
			Zip Code 32541		
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: <i>D. Ross Scott</i> D. ROSS SCOTT 4/20/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<div style="text-align: center;"> FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 </div>					
9. MANAGING MEMBERS/MANAGERS					
TITLE	M <input type="checkbox"/> Delete		10. ADDITIONS/CHANGES		
NAME	BURGE, FRANK		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	522 WALTON WAY		NAME		
CITY-ST-ZIP	DESTIN FL 32541		STREET ADDRESS		
			CITY-ST-ZIP		
TITLE	M <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCOTT, D. ROSS		NAME		
STREET ADDRESS	430 FOREST GLEN PLACE		STREET ADDRESS		
CITY-ST-ZIP	MARY ESTHER FL 32569		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *D. Ross Scott* **D. ROSS SCOTT** **4/20/04** **850.837.8100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #