

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015410

1. Entity Name

DESTIN COMMISSARY LLC

FILED

Principal Place of Business

Mailing Address

01 JUN 27 AM 8:47

36112 Emerald Coast Pkwy
Destin, FL 32541

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

36112 Emerald Coast Pkwy

3. Mailing Address

2290 Germantown Rds

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Destin, FL

City & State

Germantown, TN

4. FEI Number

59-3687985

Applied For

Not Applicable

Zip

Country

32541 USA

Zip

Country

38138 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

Name

walker, M Taylor

(P.O. Box Number is Not Accepted)

36112 Emerald Coast Pkwy

32541

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.

SIGNATURE

Walker M Taylor

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

(NOTE: Registered Agent signature required when reinstating)

6/25/01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	m g m, pet	walker m Taylor	Emerald Coast Pkwy	
			Destin, FL 32541	
	m g m, pet	Clay Morgan	36112 Emerald Coast Pkwy	
			Destin, FL 32541	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

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: *Walker M Taylor* *Walker M Taylor* *6/25/01* *901 754-5540*

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

Date

Daytime Phone #

CR2E083 (11/00)