2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000000504

1. Entity Name
DART OF DESTIN, L.L.C.

Principal Place of Business	Mailing Address
120 SOUTH HOLIDAY ROAD DESTIN, FL 32550	120 SOUTH HOLIDAY ROAD DESTIN, FL 32550

01122004No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3712145
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CONERLY, LAMAR JR.
4481 LEGENDARY DRIVE
DESTIN, FL 32541

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

U00000153173
05/04/04-80117-006 55.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	CAPPELLETTI, RONALD
STREET ADDRESS	4421 COMMONS DRIVE E.
CITY-ST ZIP	DESTIN, FL 325413487
TITLE	MGR
NAME	SCHWECHT, ALBRECHT
STREET ADDRESS	8 JADE COVE
CITY ST ZIP	DESTIN, FL 32541
TITLE	MGR
NAME	JAEGAR, GUENTER
STREET ADDRESS	323 MOUNTAIN DRIVE, UNIT 1
CITY ST ZIP	DESTIN, FL 32541
TITLE	MGR
NAME	MUELLER, THOMAS
STREET ADDRESS	123 BERMUDA CIR.
CITY-ST ZIP	NICEVILLE, FL 32578
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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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: Ronald Cappelletti 4-29-04 850-269-1112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Daytime Phone #