2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State
04-20-2005 90037 030 ****55.00

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1. Entity Name
C&S PROPERTIES OF DESTIN, L.L.C.

Principal Place of Business	Mailing Address
18655 US HWY 331 S FREEPORT, FL 32439	18655 US HWY 331 S FREEPORT, FL 32439

2. Principal Place of Business	3. Mailing Address
175 Forest Harbour	175 Forest Harbour
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Freeport FL	Freeport FL
Zip 32439 Country Walton	Zip 32439 Country Walton

04082005 Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3719548 — Applied For / Not Applicable

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
FAULKNER, RICHARD A 18655 US HWY 331 S FREEPORT, FL 32439	Name Richard A. Faulkner Street Address (P.O. Box Number is Not Acceptable) 175 Forest Harbour City Freeport FL Zip Code 32439

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 Richard A. Faulkner 4-18-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	ANDERSON FAULKNER, RICHARD	NAME	Richard A. Faulkner
STREET ADDRESS	18655 US HWY 331 S	STREET ADDRESS	175 Forest Harbour
CITY-ST-ZIP	FREEPORT, FL 32439	CITY-ST-ZIP	Freeport FL 32439
TITLE	MGR ☑ Delete	TITLE	☐ Change ☑ Addition
NAME	GURR, BILLY ERIC	NAME	Joy W. Faulkner
STREET ADDRESS	92 MARINER WAY	STREET ADDRESS	175 Forest Harbour
CITY-ST-ZIP	DESTIN, FL 32550	CITY-ST-ZIP	Freeport FL 32439
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
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	

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 Richard A. Faulkner Richard A Faulkner 4-18-05 850-835-2448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #