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

04082005 Chg-LLC CR2E083 (10/03)

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

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

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 #