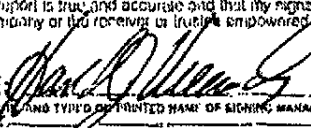


FILED**May 03, 2004 08:00 AM**
Secretary of State**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L01000010590 1. Entity Name V.W. OF DESTIN, L.L.C.																																									
Principal Office Address 4347 SUNSET BEACH BLVD. NICEVILLE, FL 32578		Mailing Address 4347 SUNSET BEACH BLVD. NICEVILLE, FL 32578																																							
DO NOT WRITE IN THIS SPACE		 04292004 No Chg-LLC CR2E083 (10/03)																																							
6. Name and Address of Current Registered Agent VUCOVICH, HAROLD J 4347 SUNSET BEACH BLVD NICEVILLE, FL 32578		DO NOT WRITE IN THIS SPACE																																							
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 should be printed name of registered agent and date if applicable) (Date of Registered Agent signature required when requested)																																									
Filing Fee is \$50.00 Due by May 1, 2004																																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td>PS</td> </tr> <tr> <td>NAME</td> <td>VUCOVICH, HAROLD</td> </tr> <tr> <td>STREET ADDRESS</td> <td>4347 SUNSET BEACH BLVD</td> </tr> <tr> <td>CITY, ST, ZIP</td> <td>NICEVILLE, FL 32578</td> </tr> <tr> <td>TITLE</td> <td>S</td> </tr> <tr> <td>NAME</td> <td>WRIGHT, LAWRENCE A</td> </tr> <tr> <td>STREET ADDRESS</td> <td>4100 ANSLEY DR</td> </tr> <tr> <td>CITY, ST, ZIP</td> <td>NICEVILLE, FL 32578</td> </tr> <tr><td>TITLE</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY, ST, ZIP</td><td></td></tr> <tr><td>TITLE</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY, ST, ZIP</td><td></td></tr> <tr><td>TITLE</td><td></td></tr> <tr><td>NAME</td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY, ST, ZIP</td><td></td></tr> </table>	TITLE	PS	NAME	VUCOVICH, HAROLD	STREET ADDRESS	4347 SUNSET BEACH BLVD	CITY, ST, ZIP	NICEVILLE, FL 32578	TITLE	S	NAME	WRIGHT, LAWRENCE A	STREET ADDRESS	4100 ANSLEY DR	CITY, ST, ZIP	NICEVILLE, FL 32578	TITLE		NAME		STREET ADDRESS		CITY, ST, ZIP		TITLE		NAME		STREET ADDRESS		CITY, ST, ZIP		TITLE		NAME		STREET ADDRESS		CITY, ST, ZIP		U000000152698 05/04/04-80097-004 50.00 DO NOT WRITE IN THIS SPACE
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11. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 this limited liability company or the person or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.																																									
SIGNATURE  Harold J. Vucovich / 29/04 897-0571 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE																																									