APR-29-04 THU 01:17 PM O'SULLIVAN CREEL, LLP FAX NO. 850 435 2888 P. 03

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 Place of Business
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)

4. FEI Number
59-3733864

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VUCOVICH, HAROLD J
4347 SUNSET BEACH BLVD
NICEVILLE, FL 32578

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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

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

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	4400 ANSLEY DR
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
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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: Harold J Vucovich 4/29/04 850-897-0591

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