2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** May 16, 2005 08:00 AM

DOCUMENT # L01000010590  1. Entity Name V.W. OF DESTIN, L.L.C.			Secretary of State		
1 .	ce of Business ET BEACH BLVD. FL 32578	Meiling Address 4347 SUNSET BEACH BLVD. NICEVILLE, FL 32578			)
DO NOT WRITE IN THIS SPA			CE	02032005 No Chg-LLC  4. FEI Number 59-3733864	CR2E083 (10/03)  Applied For Not Applicable  \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent  VUCOVICH, HAROLD J  4347 SUNSET BEACH BLVD.  NICEVILLE, FL 32578			DO NOT WRITE IN THIS SPACE		
the obligate	tions of registered agent.	nt for the purpose of changing its register  gent and title 4 applicable (NOTE Registere	ed office or registere		a. I am familiar with, and accept
9.	MANAGING MEN	MBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS VUCOVICH, HAROLD 4347 SUNSET BEACH BLVD NICEVILLE, FL 32578 S WRIGHT, LAWRENCE A 4400 ANSLEY DR NICEVILLE, FL 32578				867011 80017-008 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WE	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPA	
title Name			1		

11. I hereby certify that the information supplied with this filling 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 it made under oath, that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #