## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

## DOCUMENT # L01000016159

1. Entity Name

DESTIN RESORT PROPERTIES, L.L.C.



Principal Place of Business

officipal Flace of Edulitiess

4347 SUNSET BEACH BLVD. NICEVILLE, FL 32578 Mailing Address

4347 SUNSET BEACH BLVD. NICEVILLE, FL 32578

## FILED Apr 30, 2004 08:00 AM Secretary of State



04222004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3746853

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

SIGNATURE: >

## DO NOT WRITE IN THIS SPACE

		IN TH	IS SPACE
8. The above the obligat	e named entity submits this statement for the purpose of char tions of registered agent	nging its registered office or registered agent, or both, in	the State of Florida   I am familiar with, and accept
SIGNATURE.	Signature typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)	DATE
F	iling Fee is \$50,00 ue by May 1, 2004		
9.	MANAGING MEMBERS/MANAGERS		
NAME STREET ADDRESS CITY-ST-ZIP	MGR VUCOVICH, HAROLD J 4347 SUNSET BEACH BLVD NICEVILLE, FL 32578		- UNDOGO (144) PA 789774-80 (184-038 - SO, CO
NAME STREET ADDRESS CITY - ST - ZIP		, , ,	r Carri Minora spanta pe i negri sa
TITLE NAME STREET ADDRESS CITY-ST ZIP		DO N	OT WRITE
TITLE NAME STREET ADDRESS CITY+ST-ZIP		IN TH	IIS SPACE
TITLE NAME STREET ADDRESS CITY ST-ZIP			
TITLE NAME STREET ADDRESS CITY+ST-ZIP			
11. I nereby of indicated limited lia	certify that the information supplied with this liling does not on this report is true and agourate and that my signature shibility company or the receiver or trusted empowered to execute the company or the receiver or tr	rualify for the exemption stated in Section 119.07(3)(i), Flo all have the same legal effect as if made under oath, that bute this report as required by Chapter 608, Florida Statut	rida Statutes. I further certify that the information I am a managing member or manager of the es