


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90205 048 ****50.00

DOCUMENT # L01000018485			
1. Entity Name DESTIN GROUP PALACE IV, LLC			
Principal Place of Business 1217 AIRPORT RD., UNIT 419 DESTIN, FL 32541		Mailing Address 1217 AIRPORT RD., UNIT 419 DESTIN, FL 32541	
2. Principal Place of Business 1582 S. Pearl St. Suite, Apt. #, etc.		3. Mailing Address 1582 S. Pearl St. Suite, Apt. #, etc.	
City & State Crestview, FL Zip 32539 Country USA		City & State Crestview, FL Zip 32539 Country USA	

24001903



01122004 Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3754136 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent MCKELVY, WILLIAM R 1217 AIRPORT RD., UNIT 419 DESTIN, FL 32541		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1582 S. Pearl St. City Crestview FL Zip Code 32539	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DESTIN GROUP, LLP 1217 AIRPORT RD., UNIT 419 DESTIN, FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1582 S. Pearl St. Crestview, FL 32539 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: W.R. McKelvy 1/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #