FILED Feb 06, 2004 8:00 am Secretary of State

02-06-2004 90163 034 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000020466

1. Entity Name

THE GALLERIA OF DESTIN, L.L.C.



Principal Place of Business

Mailing Address

CRAIG G. KOLLARS

POST OFFICE BOX 380605 BIRMINGHAM, AL 35238

2521 RIVER TRACE CIRCLE VESTAVIA HILLS, AL 35243

1560 WOODRIDGE PLACE

35216

24008317



01202004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 69-0004970 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HUSTON, GARY W 125 W. ROMANA STREET, SUITE 800 PENSACOLA, FL 32501

DO NOT WRITE IN THIS SPACE

			SPACE
8. The above	named entity submits this statement for the purpose of changing its re	gistered office or registered agent, or both, in the Str	ate of Florida. I am familiar with, and accept
the obligations of registered agent.			
, SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable. (NOTE: F	egistered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2004			
9.	MANAGING MEMBERS/MANAGERS	 できる。計算では「無論」。 The AS STATE なるにはまる。 The AS STATE 	The state of the s
, TITLE	MGRM		
NAME STREET ADDRESS	KOLLARS, CRAIG G		
CITY-ST-ZIP	KOLLARS, CRAIG G 252+ RIVER TRACE CIRCLE 15 60 Wood Ridgs VESTAVIA HILLS, AL 35243 35216 Place		
TITLE			
NAME			
STREET ADDRESS CITY-ST-ZIP			
TITLE	<u> </u>		
NAME			
STREET ADDRESS		DO NOT	WRITE
CITY-ST-ZIP			
TITLE NAME		IN THIS	SPACE
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		1	
NAME	·		
STREET ADDRESS CITY-ST-ZIP			
TITLE			r ^d
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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:

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

2/1/04

Davisima Bhosa #