

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 22, 2002 8:00 am**  
**Secretary of State**

08-22-2002 90003 013 \*\*\*\*50.00

976132

DOCUMENT # L01000021020

1. Entity Name

PALACE DEVELOPMENT II, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

600 GULF SHORES PKWY

3. Mailing Address

1217 AIRPORT ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 419

City & State

GULF SHORES, AL

City & State

DESTIN, FL

Zip

Country

36547

USA

Zip

Country

32541

USA

4. FEI Number

80-0020453

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name DAVID LEFORD

Street Address (P.O. Box Number is Not Acceptable)

1217 AIRPORT ROAD

SUITE 419

City DESTIN

FL

Zip Code

32541

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DAVID LEFORD

8/16/02

DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER RUPERT E. PHILLIPS 1217 AIRPORT ROAD, SUITE 419 DESTIN, FL 32541	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER SANDRA K. PHILLIPS 1217 AIRPORT ROAD, SUITE 419 DESTIN, FL 32541	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER WILLIAM L. MCKELVY 1217 AIRPORT ROAD, SUITE 419 DESTIN, FL 32541	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER JANET MCKELVY 1217 AIRPORT ROAD, SUITE 419 DESTIN, FL 32541	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER MC PHIL LAND HOLDINGS INC 1217 AIRPORT ROAD, SUITE 419 DESTIN, FL 32541	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/16/02

DATE

(850) 450-5201

Daytime Phone #

CR2E083B (12/01)