

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

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

08-22-2002 90003 012 \*\*\*\*50.00

**DOCUMENT #** L01000021021

**1. Entity Name**

PALACE DEVELOPMENT I, LLC

000000

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

4117 THOMAS DRIVE

Suite, Apt. #, etc.

**3. Mailing Address**

1217 AIRPORT ROAD

Suite, Apt. #, etc.

SUITE 419

DO NOT WRITE IN THIS SPACE

**City & State**

PANAMA CITY BEACH, FL

**City & State**

DESTIN, FL

**4. FEI Number**

80-0020475

**Applied For**

Not Applicable

**Zip**

32408

**Country**

USA

**Zip**

32541

**Country**

USA

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

DAVID LEDFORD

**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**

*David Ledford*

DAVID LEDFORD

8/16/02

**DATE**

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

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE** MEMBER  
**NAME** RUPERT E. PHILLIPS  
**STREET ADDRESS** 1217 AIRPORT ROAD, STE 419  
**CITY-ST-ZIP** DESTIN, FL 32541

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

**TITLE** MEMBER  
**NAME** SANDRA K. PHILLIPS  
**STREET ADDRESS** 1217 AIRPORT ROAD, STE 419  
**CITY-ST-ZIP** DESTIN, FL 32541

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

**TITLE** MEMBER  
**NAME** WILLIAM R. MCKELUY  
**STREET ADDRESS** 1217 AIRPORT ROAD, STE 419  
**CITY-ST-ZIP** DESTIN, FL 32541

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

**TITLE** MEMBER  
**NAME** JANET MCKELUY  
**STREET ADDRESS** 1217 AIRPORT ROAD, STE 419  
**CITY-ST-ZIP** DESTIN, FL 32541

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

**TITLE** MEMBER  
**NAME** MCPHIL LAND HOLDINGS INC  
**STREET ADDRESS** 1217 AIRPORT ROAD, SUITE 419  
**CITY-ST-ZIP** DESTIN, FL 32541

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

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**CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**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:**

*Rupert E. Phillips*

8/16/02

(850) 450-5201

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

Date

Daytime Phone #

CR2E083B (12/01)