

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
May 03, 2004 08:00 AM
Secretary of State**

DOCUMENT # L02000002413		
1. Entity Name DESTIN RADIATION ENTERPRISES, LLC		

Principal Place of Business 2234 COLONIAL BLVD. FT MYERS, FL 33907	Mailing Address 2234 COLONIAL BLVD. FT MYERS, FL 33907
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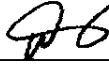
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country		
6. Name and Address of Current Registered Agent FOX, MORRIS B ESQ. 4020 DEL PRADO BLVD. S. CAPE CORAL, FL 33904		4. FEI Number 04-3666745	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
7. Name and Address of New Registered Agent			
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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 Filing Fee is \$50.00 Due by May 1, 2004	(NOTE: Registered Agent signature required when reinstating)	DATE
		Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOSORDZ, MD, DAVID E 2334 COLONIAL BLVD. FORT MYERS, FL 33907	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000153689 05/04/04-80139-003 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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: 

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

4/29/04

Date

**239 -
931-7330**

Daytime Phone #