2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 03, 2004 08:00 AM Secretary of State **DOCUMENT # L02000009708** DESTIN WEST REALTY, L.L.C. Principal Place of Business Mailing Address 1322 MIRACLE STRIP PARKWAY S.E. 1322 MIRACLE STRIP PARKWAY S.E. FT. WALTON BEACH, FL 32548 FT. WALTON BEACH, FL 32548 04302004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3652621 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WALTERS, ELIZABETH J DO NOT WRITE 221 MCKENZIE AVENUE PANAMA CITY, FL 32401 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if spolicable (NOTE Begistered Agent stonature recident when reforcation DATE Filing Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME WALLACE, DAVID STREET ADDRESS 1322 MIRACLE STRIP PARKWAY S.E. FT. WALTON BEACH, FL 32548 CITY-ST-ZIP MGRM TITLE U00000152706 05/04/04-80097-006 50.00 TOLBERT, FRED E III NAME STREET ADDRESS 1322 MIRACLE STRIP PKWY SE CHY-ST-ZIP FORT WALTON BEACH, FL 32548 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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 8 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 OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS CITY-ST-78P TITLE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP

1850-243-916