


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90200 027 ****50.00

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| DOCUMENT # L02000010351 |  |
| 1. Entity Name DESTIN HARBOR CHARTERS, L.L.C. | |

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| Principal Place of Business 1325 WESTANN LAKE DR WATERCOLOR FL 32459 | Mailing Address P.O. BOX 4935 SANTA ROSA BEACH FL 32459 |
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| 2. Principal Place of Business 1325 Western Lake Dr. Suite, Apt. #, etc. Santa Rosa Beach | 3. Mailing Address 1325 Western Lake Drive Suite, Apt. #, etc. |
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| City & State Santa Rosa Beach, FL Zip 32459 Country | City & State Santa Rosa Beach, FL Zip 32459 Country |
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| 4. FEI Number 82-0553809 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent HARMAN, HUNTER 1325 WESTANN LAKE DRIVE WATERCOLOR FL 32459 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1325 Western Lake Drive City Santa Rosa Beach FL Zip Code 32459 |
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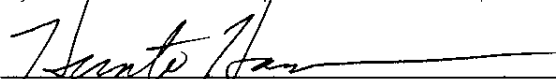
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 |
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| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|---|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HARMAN, HUNTER 1325 WESTERN LAKE DRIVE WATERCOLOR FL 32459 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM COWOOD, BRIAN 189-B NORTH MAPLE SANTA ROSA BEACH FL 32459 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CAWOOD, BRIAN Same Same <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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.

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| SIGNATURE:  | 2-24-04 | 850-598-7011 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone # |