

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90143 045 *****50.00

DOCUMENT # L03000003414

1. Entity Name
DESTIN INVESTMENTS II, LLC



Principal Place of Business
300 SOUTH ORANGE AVE., STE. 900
ORLANDO, FL 32801

Mailing Address
300 SOUTH ORANGE AVE., STE. 900
ORLANDO, FL 32801

24064114



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04092004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number 41-2129853

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODGERS, RICHARD A
301 E. PINE ST., STE. 1400
ORLANDO, FL 32801

Name
Corporation Company of Orlando

Street Address (P.O. Box Number is Not Acceptable)
300 S. Orange Ave.

Suite 1000 (J3S)

City
Orlando

FL

Zip Code
32801

B. 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

J. Gregory Humphries

J. Gregory Humphries, V. Pres.

4/30/04

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

(NOTE: Registered Agent signature required when re-registering)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR P S T ☐ Delete
NAME Scott R. Stahley
STREET ADDRESS 300 S. Orange Ave, #900
CITY - ST - ZIP Orlando, FL 32801

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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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

Jennifer L. Slone

Jennifer L. Slone, Auth. Rep.

4-30-04

407-423-3200

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

Date

Daytime Phone #