

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000003414 <small>1. Entity Name</small> DESTIN INVESTMENTS II, LLC	
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<small>Principal Place of Business</small> 300 SOUTH ORANGE AVE., STE. 900 ORLANDO, FL 32801	<small>Mailing Address</small> 300 SOUTH ORANGE AVE., STE. 900 ORLANDO, FL 32801
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DO NOT WRITE IN THIS SPACE



04292005No Chg-LLC	CR2E083 (10/03)
4. FEI Number 41-2129853	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF ORLANDO
300 S. ORANGE AVE
SUITE 100 (J3S)
ORLANDO, FL 32801

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

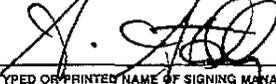
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP STAHLEY, SCOTT R 300 S. ORANGE AVE, #900 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STAHLEY, SCOTT R 300 S. ORANGE AVE, #900 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/04/05-80152-001 400.00

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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)(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 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:  Scott R. Stahley 4/29/05 407-467-6696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #