

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011414

FILED
Apr 26, 2004
Secretary of State

Entity Name: DESTINATION SUN HOMES OF FLORIDA, LLC

Current Principal Place of Business:

243 THERESE STREET
DAVENPORT, FL 33897

New Principal Place of Business:

Current Mailing Address:

243 THERESE STREET
DAVENPORT, FL 33897

New Mailing Address:

FEI Number: 06-1699176

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORELLI, CHRISTINE A
243 THERESE STREET
DAVENPORT, FL 33897

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: FORD, RICHARD A PRESIDE
Address: P.O. BOX 135712
City-St-Zip: CLERMONT, FL 34713 US

Title: MGRM () Change (X) Addition
Name: FORD, MARTINE N V.PRES.
Address: P.O. BOX 135713
City-St-Zip: CLERMONT, FL 34713 US

Title: MGR () Change (X) Addition
Name: MORELLI, CHRISTINE A DIRECTO
Address: 243 THERESE STREET
City-St-Zip: DAVENPORT, FL 33897 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CHRISTINE A. MORELLI

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04/26/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date