

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90105 001 ***600.00

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1. Filing Office

Destination Investments, LLC



Principal Place of Business

9140 GOLFSIDE DRIVE, STE. 11 NORTH
JACKSONVILLE, FL 32256

Mailing Address

9140 GOLFSIDE DRIVE, STE. 11 NORTH
JACKSONVILLE, FL 32256

34005281



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282004

Chg-LLC

CR2E083 (10/03)

City & State

City & State

4. FEI Number

☒ 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

WILLIAMS, TED

9140 GOLFSIDE DRIVE, STE. 11 NORTH
JACKSONVILLE, FL 32256

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE Manager
NAME Destination Management Trust
STREET ADDRESS 9140 Golfside Drive, suite 11 North
CITY-ST-ZIP Jacksonville, FLORIDA (32256)

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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: Ted Williams

Ted Williams, Authorized Representative, April 28th, 2004

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

Date

Daytime Phone #