

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)


FILED
Mar 08, 2005 8:00 am
Secretary of State

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1st MOORE CR2E083 (10/04)

DOCUMENT # L03000036263					
1. Entity Name DESTINY INVESTMENTS LLC					
Principal Place of Business 4400 E. HIGHWAY 20 SUITE 109A NICEVILLE FL 32578 US			Mailing Address P.O. BOX 5188 NICEVILLE FL 32578 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 56-2405434	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SANDERS, JEAN 4400 E. HIGHWAY 20 SUITE 109A NICEVILLE FL 32578			7. Name and Address of New Registered Agent Name Brooks, Jean (marriage) Street Address (P.O. Box Number is Not Acceptable) 4400 E. Hwy 20, Suite 109A City Niceville FL Zip Code 32578		
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 <u><i>Jean Brooks</i></u> DATE <u>1/21/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="border: 1px solid black; padding: 5px; text-align: center;"> FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 </div>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANDERS, JEAN 4400 E. HIGHWAY 20, SUITE 109A NICEVILLE FL 32578 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>name change</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Brooks, Jean 4400 E. Hwy 20, Suite 109A Niceville FL 32578		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHANKLIN, THOMAS E 1056 LAKE WAY DR. NICEVILLE FL 32578 <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 KIRBABS, GREGORY 1104 GLENROSE ST. SMYRNA GA 30080 <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	<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	<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	<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.					
SIGNATURE: <u><i>Jean Brooks</i></u>			Date <u>1/21/05</u> Daytime Phone # <u>850-897-7600</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested

Destiny Investments, LLC

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

Jean Sanders

4a Mailing address (room, apt., suite no. and street, or P.O. box)

P.O. Box 5188

5a Street address (if different) (Do not enter a P.O. box.)

4400 E. Highway 20, Suite 109A

4b City, state, and ZIP code

Niceville, FL 32578

5b City, state, and ZIP code

Niceville, FL 32578

6 County and state where principal business is located

Okechoosa, Florida

7a Name of principal officer, general partner, grantor, owner, or trustor

Jean Sanders

7b SSN, ITIN, or EIN

279-74-4523

8a Type of entity (check only one box)

☐ Sole proprietor (SSN)

☐ Partnership

☐ Corporation (enter form number to be filed) ▶

☐ Personal service corp.

☐ Church or church-controlled organization

☐ Other nonprofit organization (specify) ▶

☒ Other (specify) ▶ Limited Liability Company (LLC)

☐ Estate (SSN of decedent)

☐ Plan administrator (SSN)

☐ Trust (SSN of grantor)

☐ National Guard

☐ State/local government

☐ Farmers' cooperative

☐ Federal government/military

☐ REMIC

☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶

8b If a corporation, name the state or foreign country (if applicable) where incorporated

LLC

State

Florida

Foreign country

9 Reason for applying (check only one box)

☒ Started new business (specify type) ▶

Real Estate Investment

☐ Hired employees (Check the box and see line 12.)

☐ Compliance with IRS withholding regulations

☐ Other (specify) ▶

☐ Banking purpose (specify purpose) ▶

☐ Changed type of organization (specify new type) ▶

☐ Purchased going business

☐ Created a trust (specify type) ▶

☐ Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year)

September 24, 2003

11 Closing month of accounting year

December

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶

N/A

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-". ▶

Agricultural

Household

Other

0

0

0

14 Check one box that best describes the principal activity of your business.

☐ Construction

☐ Rental & leasing

☐ Transportation & warehousing

☒ Real estate

☐ Manufacturing

☐ Finance & insurance

☐ Health care & social assistance

☐ Accommodation & food service

☐ Other (specify)

☐ Wholesale-agent/broker

☐ Wholesale-other

☐ Retail

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.

Real Estate Investments

16a Has the applicant ever applied for an employer identification number for this or any other business?

☐ Yes

☒ No

Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.

Legal name ▶

Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)

City and state where filed

Previous EIN

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name

Designee's telephone number (include area code)

Address and ZIP code

Designee's fax number (include area code)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶

Jean Sanders, Member

Signature ▶

Jean Sanders

Date ▶

10/20/03

Applicant's telephone number (include area code)

(850) 897-7600

Applicant's fax number (include area code)

(850) 897-7616