

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90201 039 ****50.00

DOCUMENT # L03000036263

1. Entity Name
DESTINY INVESTMENTS LLC



Principal Place of Business

NICEVILLE, FL 32578 US

Mailing Address

**P.O. BOX 5188
NICEVILLE, FL 32578 US**

20015712

2. Principal Place of Business

950 BAY DRIVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112006 Chg-LLC CR2E083 (11/05)

City & State

Niceville, FL

City & State

Zip

Country

Zip

32578

4. FEI Number
56-2405434

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BROOKS, JEAN

4629 Paradise Isles

NICEVILLE, FL 32578

7. Name and Address of New Registered Agent

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

Jan Brooks

(NOTE: Registered Agent signature required when reinstating)

3/10/06

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BROOKS, JEAN
950 Bay Dr., Niceville FL 32578
NICEVILLE, FL 32578**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SHANKLIN, THOMAS E
1056 LAKE WAY DR.
NICEVILLE, FL 32578**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
KIRBABAS, GREGORY
1104 GLENROSE ST.
SMYRNA, GA 30080**

TITLE
NAME
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CITY - ST - ZIP
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Jan Brooks

3/10/06

850-897-7600

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

Date

Daytime Phone #