

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000033787

FILED  
Mar 30, 2005  
Secretary of State

Entity Name: DESTINY ACUMEN INVESTMENT GROUP L.L.C.

## Current Principal Place of Business:

139 CHASE RUN  
MIRAMAR BEACH, FL 32550

## New Principal Place of Business:

110 PRISCILLA DRIVE  
FORT WALTON BEACH, FL 32547

## Current Mailing Address:

139 CHASE RUN  
MIRAMAR BEACH, FL 32550

## New Mailing Address:

110 PRISCILLA DRIVE  
FORT WALTON BEACH, FL 32547

FEI Number: 06-1725056

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIMS, DOMINGA P  
139 CHASE RUN  
MIRAMAR BEACH, FL 32550 US

## Name and Address of New Registered Agent:

GUAGLIARDO, WILLIAM K  
110 PRISCILLA DRIVE  
FORT WALTON BEACH, FL 32547 US

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: WILLIAM K. GUAGLIARDO

03/30/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: GALKE, ROBERT E  
Address: 606 BENNING DR  
City-St-Zip: DESTIN, FL 32541

Title: MGRM ( ) Delete  
Name: GALKE, GAYLE  
Address: 606 BENNING DR  
City-St-Zip: DESTIN, FL 32541

Title: MGRM ( ) Delete  
Name: SIMS, DOMINGA P  
Address: 139 CHASE RUN  
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: MGRM ( ) Delete  
Name: JOHNSON, JILL A  
Address: 15 BEARON WAY  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM ( ) Delete  
Name: GUAGLIARDO, WILLIAM K  
Address: 110 PRISCILLA DR  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MGRM ( ) Delete  
Name: WAGNER, GLENN R  
Address: 2570 PALM SHORES DR  
City-St-Zip: SHALIMAR, FL 32579

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: CHIASSON, THERON  
Address: 4519 PARKWOOD LANE E.  
City-St-Zip: NICEVILLE, FL 32578

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: WILLIAM K. GUAGLIARDO

MGRM

03/30/2005

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