

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000033787

FILED
Apr 19, 2006
Secretary of State

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

Current Principal Place of Business:

110 PRISCILLA DRIVE
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

110 PRISCILLA DRIVE
FORT WALTON BEACH, FL 32547

New Mailing Address:

FEI Number: 06-1725056

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

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/MANAGERS:

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

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

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: 4525 PARKSIDE LANE
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 Chapter 119, 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

04/19/2006

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