

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000053724

FILED
Mar 10, 2006
Secretary of State

Entity Name: DESTINY DEVELOPERS OF WINDERMERE, LLC

Current Principal Place of Business:

10984 PARK RIDGE GOTH A ROAD
WINDERMERE, FG 34786 US

New Principal Place of Business:

PO BOX 120941
CLERMONT, FL 32712 US

Current Mailing Address:

10984 PARK RIDGE GOTH A ROAD
WINDERMERE, FG 34786 US

New Mailing Address:

PO BOX 129041
CLERMONT, FL 32712 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

PERKINS, HEATHER
1503 ADDIE AVE
ORLANDO, FL 32818 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: HEATHER PERKINS

03/10/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR (X) Delete
Name: TORRES, ARMANDO
Address: 10984 PARK RIDGE GOTH A ROAD
City-St-Zip: WINDERMERE, FL 34786 US

Title: MGR () Delete
Name: BENEVIDES, PEDRO
Address: 10984 PARK RIDGE GOTH A ROAD
City-St-Zip: WINDERMERE, FL 34786 US

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: BENEVIDES, PEDRO
Address: PO BOX 120941
City-St-Zip: CLERMONT, FL 34712 US

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: PEDRO BENEVIDES

MGR

03/10/2006

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