

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061789

Entity Name: DESTINY HOUSE LLC

FILED
Apr 23, 2006
Secretary of State

Current Principal Place of Business:

P. O. BOX 207
SANFORD, FL 32771 US

New Principal Place of Business:

2580 W. 18TH ST.
SANFORD, FL 32771 US

Current Mailing Address:

P. O. BOX 207
SANFORD, FL 32771 US

New Mailing Address:

2580 W. 18TH ST
SANFORD, FL 32771 US

FEI Number: 20-4487231

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCNEIL, JAMES C JR.
2580 W. 18TH ST.
SANFORD, FL 32771 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: MCNEIL, JAMES C JR.
Address: 2580 W. 18TH ST.
City-St-Zip: SANFORD, FL 32771 US

Title: MGRM () Delete
Name: BRADLEY, MARTHA M
Address: 2601 GEORGIA AVENUE
City-St-Zip: SANFORD, FL 32771 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: BRADLEY, MARTHA M
Address: 1828 HAWKINS AVE
City-St-Zip: SANFORD, FL 32771 US

Title: MGMR () Change (X) Addition
Name: O'NEILL, ROBERT M
Address: 101 E. 27TH ST.
City-St-Zip: SANFORD, FL 32773

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: JAMES C. MCNEIL JR.

MGMR

04/23/2006

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