2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED DOCUMENT # L05000094945 Jan 25, 2007 08:00 AN 1. Entity Name **Secretary of State** DESTY PROPERTIES, LLC Principal Place of Business Mailing Address 3595 GORDON DRIVE PO BOX 711 NAPLES FL 34106 NAPLES FL 34102 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State Applied For City & State 4. FEI Number 20-3954695 Not Applicable Ζip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RYAN, JEAN A Street Address (P.O. Box Number is Not Acceptable) 5801 PELICAN BAY BOULEVARD STE 300 NAPLES FL 34108 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. (NOTE Registered Agent signature required when reinstatural FILE NOW!!! FEE IS \$50,00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. HILLE ☐ Delete IIILE Change Addition NAME YAWNEY, EDWARD T NAME U000000604107 SIRFET ADDRESS STREET ADDRESS 3595 GORDON DRIVE 01/29/07-80040-010 50.00 CHY SI 78P CITY-SE-78° NAPLES FL 34102 Delete 1111 11111 ☐ Change ☐ Addition NAME YAWNEY, SUSAN O NAME STREET ADDRESS STREET ADDRESS 3595 GORDON DRIVE CHY SE AR NAPLES FL 34102 CITY ST 78P HILLE ☐ Addition ☐ Detete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY SI ZIP CHY SUZIF ☐ Defete HIEF Change Addition MAM NAME STREET ADDRESS STOLL LADDOESS CITY ST ZIP CITY ST ZIP ☐ Delete BHL HBF ☐ Change Addition NAM MAME STREET ADDRESS STREET ADDRESS CHY-ST ZIP CITY-ST-ZIP mit ☐ Defete HRE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 offect as if made under eath; 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.

CHY-ST-782

SIGNATURE AND TYPED OR PRINTED NAME OF GIGNING MANAGEN, MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY ST-ZIP

22/07 239-263-9373 Date October 9