


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000017155 1. Entity Name DESTIN MAIN, L.L.C.	
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Principal Place of Business 12889 EMERALD COAST PARKWAY, SUITE 111-A DESTIN, FL 32550 *	Mailing Address 12889 EMERALD COAST PARKWAY, SUITE 111-A DESTIN, FL 32550
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03022006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3749646	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HENRY, THOMAS B JR.
12889 EMERALD COAST PARKWAY, SUITE 111-A
DESTIN, FL 32541

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and fee if applicable.

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HENRY, THOMAS B JR 12889 EMERALD COAST PKWY STE 111-A DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ATKINS, ANTHONY 4071 BURNING TREE DRIVE DESTIN, FL 32541
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03/16/06-80014-022 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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 Thomas B. Henry, Jr. 3/3/06 850)659-4818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #