2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000009708

1. Entity Name
DESTIN WEST REALTY, L.L.C.

Principal Place of Business	Mailing Address
1500 MIRACLE STRIP PARKWAY S.E. FT. WALTON BEACH, FL 32548	1500 MIRACLE STRIP PARKWAY S.E. FT. WALTON BEACH, FL 32548

DO NOT WRITE IN THIS SPACE

04272006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
04-3652621	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SALVATORI & WOOD, P.L.
4001 TAMIAMI TRAIL NORTH, SUITE 330
NAPLES, FL 34103

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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 _____

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

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	WALLACE, DAVID
STREET ADDRESS	1500 MIRACLE STRIP PARKWAY S.E.
CITY-ST-ZIP	FT. WALTON BEACH, FL 32548
TITLE	MGRM
NAME	TOLBERT, FRED E III
STREET ADDRESS	1500 MIRACLE STRIP PARKWAY S.E.
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _FRED E TOLBERT III_ 4/27/06   850-243-9161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #