

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000026292
 1. Entity Name
 ANTI-AGING CLINIC OF DESTIN, L.L.C.



Principal Place of Business Mailing Address
 4485 FURLING LANE 4485 FURLING LANE
 DESTIN, FL 32541 DESTIN, FL 32541



01082007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3581707	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
 BURDEN, WILLIAM
 4485 FURLING LN
 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 _____
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, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BURDEN, WILLIAM R M.D. 4485 FURLING LANE DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THE SAVANNAH GROUP OF DESTIN, INC. 4485 FURLING LANE DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ENNIS, L. SCOTT N.D. 4485 FURLING LANE DESTIN, FL 32541
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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____