2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000026292

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

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

DO NOT WRITE IN THIS SPACE

01082007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied Fc
59-3581707	Not Applic

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

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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 acc ...
   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	MGRM
NAME	BURDEN, WILLIAM R M.D.
STREET ADDRESS	4485 FURLING LANE
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	MGRM
NAME	THE SAVANNAH GROUP OF DESTIN, INC.
STREET ADDRESS	4485 FURLING LANE
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	MGRM
NAME	ENNIS, L. SCOTT N.D.
STREET ADDRESS	4485 FURLING LANE
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000584976
01/12/07-80057-024 50.00

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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 informat
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: _____