2007 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2007 FILED **DOCUMENT # A02000001118** 1. Entity Name **DESTIN PARTNERSHIP #4, LTD.** 07 APR 27 AM 8: 13 SECRETARY OF STATE Principal Place of Business Mailing Address TALL AHASSEE, FLORIDA P.O. BOX 41847 **5858 CENTRAL AVENUE** ST. PETERSBURG, FL 33743-1847 ST. PETERSBURG, FL 33707 (化学经济的) (基础的) (基础的) 03022007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 71-0902605 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SHER, CRAIG H DO NOT WRITE **5858 CENTRAL AVENUE** ST. PETERSBURG, FL 33707 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, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12 GENERAL PARTNER INFORMATION P98000004274 DOCUMENT # DESTIN RETAIL, INC. NAME STREET ADDRESS **5858 CENTRAL AVENUE** CITY-ST-ZIP ST. PETERSBURG, FL 33707 7 ns/ns/n7=01048=019: ***508 DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIE DOCUMENT (NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT 4 NAME STREET ADDRESS CITY-ST-ZIP th this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information of that may signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership e this poport as required by Chapter 620, Florida Statutes

NINTED NAME OF SIGNING GENERAL PARTNER

14. I hereby certify that the information supply indicated on this report is true and accur or the receiver or trustee empowered to

SIGNATURE:

CHECK

щ