


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000003085 1. Entity Name DESTIN SHOPPING CENTER, L.C.	
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Principal Place of Business 12400 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32407	Mailing Address 12400 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32407
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DO NOT WRITE IN THIS SPACE



02152005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3634203	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HARMON, DANIEL III 427 MCKENZIE AVENUE PANAMA CITY, FL 32401	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


**Filing Fee is \$50.00
Due by May 1, 2005**

1100000269142
03/18/05-80073-002 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ASSRAF, SHLOMO 12400 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIBONY, AVRAHAM 1566 TEAL DRIVE OCEAN CITY, MO 21842
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIBONY, YARON 1501 HORSE POINT CT VA BEACH, VA 23454
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIBONY, DAVID 21399 MARINA COVE CIR #M-18 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIBONY, PROSPER 20975 NE 30TH PLACE MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **3-15-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #