

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90059 047 ****50.00

00020978



04242006 Chg-LLC CR2E083 (11/05)

4. FEI Number **59-3634203** Applied For ☐ Not Applicable ☐

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

DOCUMENT # L00000003085
1. Entity Name
DESTIN SHOPPING CENTER, L.C.



Principal Place of Business
**12400 FRONT BEACH ROAD
PANAMA CITY BEACH, FL 32407**

Mailing Address
**12400 FRONT BEACH ROAD
PANAMA CITY BEACH, FL 32407**

2. Principal Place of Business Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address Suite, Apt. #, etc.
City & State
Zip Country

6. Name and Address of Current Registered Agent
**HARMON, DANIEL III
427 MCKENZIE AVENUE
PANAMA CITY, FL 32401**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASSRAF, SHLOMO		NAME		
STREET ADDRESS	12400 FRONT BEACH ROAD		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIBONY, AVRAHAM		NAME		
STREET ADDRESS	1566 TEAL DRIVE		STREET ADDRESS		
CITY-ST-ZIP	OCEAN CITY, MO 21842		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIBONY, YARON		NAME		
STREET ADDRESS	1501 HORSE POINT CT		STREET ADDRESS		
CITY-ST-ZIP	VA BEACH, VA 23454		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIBONY, DAVID		NAME	co/ Tyler & Co., PA	
STREET ADDRESS	21399 MARINA COVE CIR #M-18		STREET ADDRESS	12445 Ocean Gateway, Ste 11	
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP	Ocean City, MD 21842	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIBONY, PROSPER		NAME	co/ Tyler & Co., PA	
STREET ADDRESS	20975 NE 30TH PLACE		STREET ADDRESS	12445 Ocean Gateway, Ste 11	
CITY-ST-ZIP	MIAMI, FL 33180		CITY-ST-ZIP	Ocean City, MD 21842	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: SHLOMO ASSRAF 4/26/06 850 235-9876
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #