

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L01000017155

FILED
May 19, 2008
Secretary of State**Entity Name:** DESTIN MAIN, L.L.C.**Current Principal Place of Business:**6910 E. COUNTY ROAD 30-A
PROMINENCE, FL 32413**New Principal Place of Business:**305 MAIN ST
DESTIN, FL 32541**Current Mailing Address:**6910 E. COUNTY ROAD 30-A
PROMINENCE, FL 32413**New Mailing Address:**305 MAIN ST
DESTIN, FL 32541**FEI Number:** 59-3749646**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HENRY, THOMAS B JR.
6910 E. COUNTY ROAD 30-A
PROMINENCE, FL 32413 US**Name and Address of New Registered Agent:**ATKINS, ANTHONY J
305 MAIN ST
DESTIN, FL 32541 US

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.

SIGNATURE: ANTHONY J. ATKINS

05/19/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGRM () Delete
Name: HENRY, THOMAS B JR
Address: 6910 E. COUNTY ROAD 30-A
City-St-Zip: PROMINENCE, FL 32413**Title:** MGRM (X) Delete
Name: ATKINS, ANTHONY
Address: 4071 BURNING TREE DRIVE
City-St-Zip: DESTIN, FL 32541**ADDITIONS/CHANGES:****Title:** MGRM (X) Change () Addition
Name: ATKINS, ANTHONY J
Address: 305 MAIN ST
City-St-Zip: DESTIN, FL 32541**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANTHONY J ATKINS

MGRM

05/19/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date