
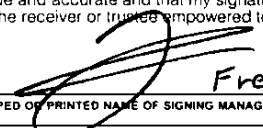


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90113 018 ****50.00

DOCUMENT # L02000009708 1. Entity Name DESTIN WEST REALTY, L.L.C.					
Principal Place of Business 1500 MIRACLE STRIP PARKWAY S.E. FT. WALTON BEACH, FL 32548			Mailing Address 1500 MIRACLE STRIP PARKWAY S.E. FT. WALTON BEACH, FL 32548		
2. Principal Place of Business - No P.O. Box # 1320 Miracle Strip Pkwy		3. Mailing Address 1320 Miracle Strip Pkwy			
Suite, Apt. #, etc. Ste 400		Suite, Apt. #, etc. Ste 400			
City & State Ft Walton Beach, FL		City & State Ft Walton Beach, FL		4. FEI Number 04-3652621	
Zip 32548		Country OKAloosa		Applied For <input type="checkbox"/> Not Applicable	
Zip 32548		Country OKAloosa		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SALVATORI & WOOD, P.L. 4001 TAMiami TRAIL NORTH, SUITE 330 NAPLES, FL 34103			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALLACE, DAVID 1500 MIRACLE STRIP PARKWAY S.E. FT. WALTON BEACH, FL 32548	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOLBERT, FRED E III 1500 MIRACLE STRIP PARKWAY S.E. FORT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOLBERT, FRED E III 1500 MIRACLE STRIP PARKWAY S.E. FORT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOLBERT, FRED E III 1500 MIRACLE STRIP PARKWAY S.E. FORT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOLBERT, FRED E III 1500 MIRACLE STRIP PARKWAY S.E. FORT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOLBERT, FRED E III 1500 MIRACLE STRIP PARKWAY S.E. FORT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOLBERT, FRED E III 1500 MIRACLE STRIP PARKWAY S.E. FORT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOLBERT, FRED E III 1500 MIRACLE STRIP PARKWAY S.E. FORT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete			
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:  Fred E Tolbert III 4/18/07 850-862-5600 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					