

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90031 002 \*\*\*\*50.00

**DOCUMENT # L02000029055**

1. Entity Name  
**DESTIN RESTAURANT PARTNERS, LLC**



Principal Place of Business  
**16055 EMERALD COAST PARKWAY, #114  
DESTIN, FL 32541**

Mailing Address  
**100 IH-45 NORTH  
SUITE 240  
CONROE, TX 77301**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04062007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**13-4242406**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**SCHAIBLE, GLENN  
1424 JOHN STEINBECK DRIVE  
NICEVILLE, FL 32578**

## 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MOORE, LEONARD  
2417 PALM HARBOR DRIVE  
FORT WALTON BEACH, FL 32547** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
SMITH, CHESTER B  
188 COLE RD  
HATTIESBURG, MS 39402** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete ☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change ☐ Addition ☐

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change ☐ Addition ☐

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
WOOTEN, CHRIS  
631 CORNWALL TERRACE  
MARY ESTER, FL 32569** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change ☐ Addition ☐

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change ☐ Addition ☐

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change ☐ Addition ☐

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #