

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002464

FILED
Feb 11, 2008
Secretary of State

Entity Name: DESTINATION MORTGAGE LLC

Current Principal Place of Business:

5008 US HWY 98W
SUITE 5
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

5008 US HWY 98W
SUITE 5
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 57-1148350

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALLARD, BOWEN L
5008 US HWY 98W
STE 5
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BALLARD, BOWEN L
Address: 450 SUGAR DR
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM () Delete
Name: BALLARD, VIRGINIA
Address: 450 SUGAR DR
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM () Delete
Name: BALLARD, ALMON B
Address: 108 BRIDLE PATH
City-St-Zip: PIKE ROAD, AL 36064

Title: MGRM () Delete
Name: CANNON, SHANE L
Address: 1234 AIRPORT RD. STE 102
City-St-Zip: DESTIN, FL 32541

Title: MGRM () Delete
Name: CALTON, STEVE
Address: 5670 CARMICHAEL PL STE 200
City-St-Zip: MONTGOMERY, AL 36117

Title: MGRM () Delete
Name: WILLARD, THOMAS
Address: 1234 AIRPORT RD. STE 102
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

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: BOWEN L BALLARD

MANA

02/11/2008

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