
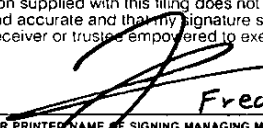


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-08-2007 90113 021 ****50.00

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|--|--|--|---|--|--|
| DOCUMENT # L03000003073 | | | |  | |
| 1. Entity Name DESTIN WEST MARINA, LLC | | | | | |
| Principal Place of Business 1500 MIRACLE STRIP PARKWAY SE FORT WALTON BEACH, FL 32548 | | | Mailing Address 1500 MIRACLE STRIP PARKWAY SE FORT 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 55-0821265 | |
| 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 N NAPLES, FL 34103 | | | 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 registering) DATE _____ | | | | | |
| 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 | MGR TOLBERT, MR. FRED E III 1500 MIRACLE STRIP PARKWAY SE FORT WALTON BEACH, FL 32548 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Tolbert, Mr Fred E III <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1320 miracle strip Pkwy Ste 400 Ft Walton Beach, FL 32548 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:  Fred E Tolbert III 4/18/07 850-862-5600 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # | | | | | |