


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000023567 1. Entity Name DESTIN INNS, L.L.C.	
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Principal Place of Business 349 S.W. MIRACLE STRIP PARKWAY FORT WALTON BEACH, FL 32548	Mailing Address 349 S.W. MIRACLE STRIP PARKWAY FORT WALTON BEACH, FL 32548
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DO NOT WRITE IN THIS SPACE



04282005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 43-2022988	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

ANCHORS, C. LEDON
909 MAR WALT DRIVE, SUITE 1014
FORT WALTON BEACH, FL 32547

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, KISHOR 349 S.W. MIRACLE STRIP PARKWAY FORT WALTON BEACH, FL 32548
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05/04/05-80036-006 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, OR AUTHORIZED REPRESENTATIVE

4-27-05 850-302-0460
Date Daytime Phone #