

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026675

FILED
Apr 07, 2007
Secretary of State

Entity Name: DESTIN VENTURES, LLC

Current Principal Place of Business:

1234 AIRPORT ROAD STE. 102
DESTIN, FL 32541

New Principal Place of Business:

3997 COMMONS DRIVE WEST STE I
DESTIN, FL 32541

Current Mailing Address:

1234 AIRPORT ROAD STE. 102
DESTIN, FL 32541

New Mailing Address:

3997 COMMONS DRIVE WEST STE I
DESTIN, FL 32541

FEI Number: 20-0108488

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILDER, JAMES R
102 OAKHILL AVE.
FT. WALTON BEACH, FL 32547 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: CANNON, SHANE
Address: 1234 AIRPORT ROAD STE. 102
City-St-Zip: DESTIN, FL 32541

Title: MGRM () Delete
Name: BAILEY, MARK
Address: 1234 AIRPORT ROAD STE. 102
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CANNON, SHANE
Address: 3997 COMMONS DRIVE WEST STE I
City-St-Zip: DESTIN, FL 32541

Title: MGRM (X) Change () Addition
Name: BAILEY, MARK
Address: 3997 COMMONS DRIVE WEST STE I
City-St-Zip: DESTIN, FL 32541

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK BAILEY

MGRM

04/07/2007

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