2006 LIMITED LIABILITY COMPANY, ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000027988

1. Entity Name

FROCK CANDY DESTIN, L.L.C.



FILED Jan 27, 2006 08:00 AN Secretary of State

Principal Place of Business

4326 LEGENDARY DR

C-102 DESTIN, FL 32541 Mailing Address

7474 CORPORATE BLVD

#303-305

BATON ROUGE, LA 70809



01222006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 56-2386788

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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8. The above the obligat	named entity submits this statement for the purpose of critical statement for critical statement f	nanging its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accep
5.0.0.0.0.0.0	Signature, typed of printed name of registered agent and title if applicable.	(NOTE, Registered Agent signature required when reinstating)	DATE
Fi D	ling Fee is \$50.00 ue by May 1, 2006	•	<u> </u>
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBINS, RENEE 10727 OAKLAEY TRACE DR BATON ROUGE, LA 70809	· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

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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 acquirate 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 regeiver pr trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP

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

CITY-ST-ZIP

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

1/20/06 584-951-7167