## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L04000013246

1. Entity Name

DESTIN PARADISE PROPERTIES, LLC



Principal Place of Business

Mailing Address

4730 PAPAYA PARK DESTIN, FL 32541 4730 PAPAYA PARK DESTIN, FL 32541

## FILED Apr 27, 2006 8:00 am Secretary of State

04-27-2006 90026 013 \*\*\*\*50.00

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04192006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0760517

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

MCNEESE, RICHARD S 36468 EMERALD COAST PARKWAY SUITE 1201 DESTIN, FL 32541 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of the purpose of changing its registered office or registered agent, or both, in the State of Florida.	cept
	the obligations of registered agent.	
	$\cdot$	
SI	GNATURE	_

(NOTE: Registered Agent signature required when reinstating)

<u>:</u>

Filing Fee is \$50.00 Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOPP, ROBERT 4730 PAPAYA PARK DESTIN, FL 32541 MGRM RICHARDSON, STEVE 940 SAINT LYONN COURT MARIETTA, GA 30068
TITLE NAME STREET ADDRÉSS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM ARAGUEL, JANE P.O. BOX 335 DESTIN, FL 32541
CITY-ST-ZIP  VITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	certify that the information supplied with this filing does not qualify for the ex

IN THIS SPACE

DO NOT WRITE IN THIS SPACE

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: KOBERT A. LOPP CHEET SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-25-06 850-650-7921

Daytime Phone