

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000032303

FILED
Apr 27, 2007
Secretary of State

Entity Name: DESTIN MAINSTREET, LLC

Current Principal Place of Business:

125 MAIN STREET
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

125 MAIN STREET
DESTIN, FL 32541

New Mailing Address:

FEI Number: 20-1072172

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERRI, DANIEL C
4 ELEVENTH AVE, STE ONE
SHALIMAR, FL 32579 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: MGR () Delete
Name: SMITH, W. EDWARD
Address: 514 OSCEOLA DRIVE
City-St-Zip: DESTIN, FL 32541

Title: MGRM () Delete
Name: SMITH, TERRI
Address: 514 OSCEOLA DRIVE
City-St-Zip: DESTIN, FL 32541

Title: MGRM () Delete
Name: KIRKLAND, ED
Address: 241 MATTIES WAY
City-St-Zip: DESTIN, FL 32541

Title: MGRM () Delete
Name: KIRKLAND, KATHY
Address: 241 MATTIES WAY
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: W. EDWARD SMITH

MGR

04/27/2007

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