2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000064273

1. Entity Name
MILESTONE PROPERTIES OF DESTIN, L.L.C.

Principal Place of Business	Mailing Address
34990 EMERALD COAST PARKWAY SUITE 401 DESTIN, FL 32541	34990 EMERALD COAST PARKWAY SUITE 401 DESTIN, FL 32541

DO NOT WRITE IN THIS SPACE

01032006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-1560937	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KRUSE, CRAIG J
34990 EMERALD COAST PARKWAY
401
DESTIN, FL 32541

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	KRUSE, CRAIG J
STREET ADDRESS	34990 EMERALD COAST PARKWAY
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	MGRM
NAME	RIZZUTO, PHILIP
STREET ADDRESS	200 BOURBON STREET
CITY-ST-ZIP	NEW ORLEANS, LA 70130
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/15/06-80001-011 50.00

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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 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: _Craig J. Kruse_   _managing member_   2/3/06   850 269-1212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #