2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000064273

1. Entity Name

MILESTONE PROPERTIES OF DESTIN, L.L.C.



Principal Place of Business

34990 EMERALD COAST PARKWAY

SUITE 401

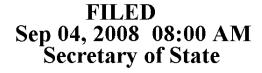
DESTIN, FL 32541

Mailing Address

34990 EMERALD COAST PARKWAY

SUITE 401

DESTIN, FL 32541





07302008 No Chg-LLC

CB2E083 (12/07)

4.	FEI Number			
	20-1560937			

Applied For 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 DESTIN, FL 32541

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

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8	 The above named entity submits this statement for the purpose of changing its 	s registered office or registered agent,	or both, in the State of Florida.	I am familiar with, and accept
	the obligations of registered agent.	-		·

SIGNATURE.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U00000959024 03/04/08-80001-014 138.75

MANAGING MEMBERS/MANAGERS 9. MGRM TITLE KRUSE, CRAIG J NAME STREET ADDRESS 34990 EMERALD COAST PARKWAY CITY-ST-ZIP DESTIN, FL 32541 MGRM TITLE NAME RIZZUTO, PHILIP 200 BOURBON STREET STREET ADDRESS CITY-ST-ZIP NEW ORLEANS, LA 70130 TATLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

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11. I hereby certify that the information supplied with the indicated on this report is true and accurate and the filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information at my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the impowered to execute this report as required by Chapter 608, Florida Statutes. limited liability company o

SIGNATURE:

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

Daytime Phone #