

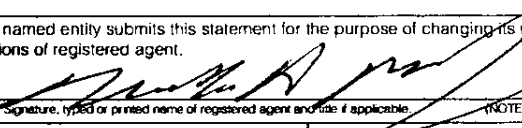
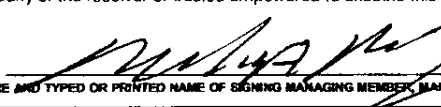


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90113 041 \*\*\*\*50.00

|  |   |   |   |   |  |
|--|---|---|---|---|--|
| <b>DOCUMENT # L04000086102</b><br>1. Entity Name<br><b>S.R.B. OF DESTIN, L.L.C.</b>  |   |   |   |                |  |
| Principal Place of Business<br><b>160 INDUSTRIAL PARK ROAD<br/>DESTIN, FL 32541</b>  |   |   | Mailing Address<br><b>160 INDUSTRIAL PARK ROAD<br/>DESTIN, FL 32541</b>   |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>295 Azalea Dr Suite 4</b><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><b>295 Azalea Dr Suite 4</b><br>Suite, Apt. #, etc. |   |               |  |
| City & State<br><b>Destin FL</b>   |   | City & State<br><b>Destin FL</b>  |   | 4. FEI Number<br><b>20-1965420</b>  |  |
| Zip<br><b>32541</b>  |   | Country<br><b>USA</b>   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BUCKINGHAM, MICHAEL A<br/>160 INDUSTRIAL PARK ROAD<br/>DESTIN, FL 32541</b>  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>295 Azalea Dr Suite 4</b><br>City <b>Destin</b> <b>FL</b> Zip Code <b>32541</b> |   |  |
| 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.<br>SIGNATURE  DATE _____<br><small>(Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when reinstating)</small>    |   |   |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |   | <b>Make check payable to<br/>Florida Department of State</b>              |   |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |   |   | 10. ADDITIONS/CHANGES   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM<br/>BUCKINGHAM, MICHAEL A<br/>160 INDUSTRIAL PARK ROAD<br/>DESTIN, FL 32541</b> | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>Mike Buckingham<br/>295 Azalea Dr Suite 4<br/>Destin FL 32541</b> |
|  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition         |   |   |  |
|  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition         |   |   |  |
|  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition         |   |   |  |
|  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition         |   |   |  |
|  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition         |   |   |  |
|  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition         |   |   |  |
| 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:  Date _____ Daytime Phone # _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |   |   |   |   |  |