


**2007 LIMITED LIABILITY COMPANY-
ANNUAL REPORT**

FILED
Jul 20, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000035033 1. Entity Name DESTIN WINDS 1, LLC	
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Principal Place of Business 12469 US HIGHWAY 98 #104 MIRAMAR BEACH, FL 32550	Mailing Address 12469 US HIGHWAY 98 #104 MIRAMAR BEACH, FL 32550
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DO NOT WRITE IN THIS SPACE



07122007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-4643363	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MADRIAGA, SILVIA 12469 US HIGHWAY 98 #104 MIRAMAR BEACH, FL 32550
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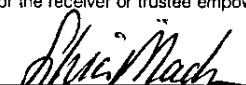
DO NOT WRITE IN THIS SPACE

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 accept the obligations of registered agent.
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

Filing Fee is \$50.00 Due by September 14, 2007
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MADRIAGA, SILVIA 12469 US HIGHWAY 98 #104 MIRAMAR BEACH, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MADRIAGA, MICHAEL 12469 US HIGHWAY 98 #104 MIRAMAR BEACH, FL 32550
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000769782 07/20/07-80004-019 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>
Date 7-17-07 ⁽⁸⁵⁰⁾ 598-0454 <small>Daytime Phone #</small>