

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Sep 04, 2007 8:00 am**  
**Secretary of State**

09-04-2007 90083 022 \*\*\*\*50.00

**DOCUMENT # L05000048932**

1. Entity Name  
**DESTIN GOLD COAST PROPERTIES, LLC**



Principal Place of Business      Mailing Address  
**4730 PAPAYA PARK**      **4730 PAPAYA PARK**  
**DESTIN, FL 32541**      **DESTIN, FL 32541**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country



07112007    Chg-LLC    CR2E083 (12/06)

4. FEI Number      Applied For  
**20-5794440**      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MCNEESE, RICHARD S**  
**36468 EMERALD COAST PARKWAY**  
**SUITE 1201**  
**DESTIN, FL 32541**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 September 14, 2007**

Make check payable to  
**Florida Department of State**

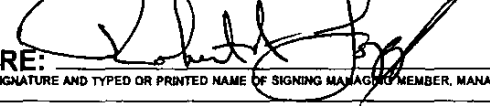
**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOPP, ROBERT 4730 PAPAYA PARK DESTIN, FL 32541	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARAGUEL, JANE P.O. BOX 335 DESTIN, FL 32540	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MURDOCK, JERRY 502 OSCEOLA DRIVE DESTIN, FL 32541	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STROBLE, CHARLES 3250 CLUB DRIVE DESTIN, FL 32550	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TUSA, ANTHONY J JR. 244 MATTIE'S WAY DESTIN, FL 32541	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MURDOCK, JERRY 441 CAPTAINS CIRCLE DESTIN, FL 32541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TUSA, ANTHONY J JR. 4220 JADE LOOP DESTIN, FL 32541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:**       **8/12/07**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #