

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

03-28-2006 90012 025 ****50.00

DOCUMENT # L05000059247 1. Entity Name DESTIN BEACH HOUSE, L.L.C.			
Principal Place of Business 127 HIGHWAY 98 EAST, SUITE 10 DESTIN, FL 32541		Mailing Address 127 HIGHWAY 98 EAST, SUITE 10 DESTIN, FL 32541	
2. Principal Place of Business 127 Harbor Blvd Suite, Apt. #, etc. Suite 10 City & State Destin, FL Zip 32541		3. Mailing Address 127 Harbor Blvd Suite, Apt. #, etc. Suite 10 City & State Destin, FL Zip 32541	
4. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WEIMORTS, MICHAEL L ESQ. SUITE 209, THE PLAZA 4507 FURLING LANE 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. 911 Address change only 3/23/06 SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and file # applicable (NOTE: Registered Agent signature required when reissuing)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WATERFIELD, E B JR. 127 HIGHWAY 98 EAST, SUITE 10 DESTIN, FL 32541	TITLE NAME STREET ADDRESS CITY - ST - ZIP	127 Harbor Blvd, suite 10
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: SEWOF Erenberkildiz 3/23/06 850-832-6242 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date Daytime Phone #	

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03232006 Chg-LLC CR2E083 (11/05)

File Number: **42-1672180** Applied For: ☐ Not Applicable: ☐