

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT 25 AM 10:24

<b>DOCUMENT # L05000111142</b> 1. Entity Name OC DESTIN GROUP LLC					
Principal Place of Business 36474 EMERALD COAST PARKWAY DESTIN, FL 32541				Mailing Address 36474 EMERALD COAST PARKWAY DESTIN, FL 32541	
2. Principal Place of Business 36474A EMERALD COAST PARKWAY Suite, Apt. #, etc. SUITE 1201 City & State DESTIN, FL Zip 32541 Country USA		3. Mailing Address 36474A EMERALD COAST PARKWAY Suite, Apt. #, etc. SUITE 1201 City & State DESTIN, FL Zip 32541 Country USA			
4. FEI Number 20-3799846				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				10202006 REIN-LLC CR2E101 (11/05)	
6. Name and Address of Current Registered Agent BOWYER, KEVIN D CPA 36474 EMERALD COAST PARKWAY 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>After January 1, 2007, Fee will be \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOWYER, KEVIN D 36474 EMERALD COAST PARKWAY DESTIN, FL 32541	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300081193873 10/25/06--01055--007 **50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'SULLIVAN, MORT 36474 EMERALD COAST PARKWAY DESTIN, FL 32541	<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	MGRM HENDERSON, JOSEPH W 36474 EMERALD COAST PARKWAY DESTIN, FL 32541	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 2006	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KELLEY, LORI 36474 EMERALD COAST PARKWAY DESTIN, FL 32541	<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	MGRM BALENT, ANGELA 36474 EMERALD COAST PARKWAY DESTIN, FL 32541	<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	MGRM FLEMING, ILONA 36474 EMERALD COAST PARKWAY DESTIN, FL 32541	<input type="checkbox"/> Delete	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: <u>Steve L. Kelley</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>10/20/06</u>		Daytime Phone #: <u>850-837-0398</u>