2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L050001111142 02-14-2007 90218 005 ****50.00 OC DESTIN GROUP LLC Principal Place of Business Mailing Address 60015446 36474A EMERALD COAST PKWY 36474A EMERALD COAST PKWY **SUIATE 1201** SUIATE 1201 DESTIN, FL 32541 DESTIN, FL 32541 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02102007 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 20-3799846 Not Applicable Country Zip Country Zio \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOWYER, KEVIN D CPA Street Address (P.O. Box Number is Not Acceptable) 36474 EMERALD COAST PARKWAY DESTIN, FL 32541 City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Florida Department of State Due by May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM Addition TITLE TITLE ☐ Change ☐ Delete BOWYER, KEVIN D NAME NAME STREET ADDRESS 36474 EMERALD COAST PARKWAY STREET ADDRESS CITY-ST-71P CITY-ST-ZIE DESTIN, FL 32541 MGRM ☐ Addition TITLE Delete TITLE Change O'SULLIVAN, MORT NAME 36474 EMERALD COAST PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DESTIN, FL 32541 ☐ Defete TITLE ☐ Change Addition TITLE NAME HENDERSON, JOSEPH W STREET ADDRESS 36474 EMERALD COAST PARKWAY STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32541 CITY-ST-ZIP ☐ Change Addition TITLE MGRM ☐ Delete TITLE KELLEY, LORI NAME NAME 36474 EMERALD COAST PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32541 CITY-ST-ZE Change ☐ Addition TITLE MGRM ☐ Delete TITLE BALENT, ANGELA NAME 36474 EMERALD COAST PARKWAY STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-7IP DESTIN, FL 32541 ☐ Change ☐ Addition TITLE MGRM ☐ Delete TITLE FLEMING, ILONA NAME NAME 36474 EMERALD COAST PARKWAY STREET ADDRESS STREET ADDRESS DESTIN, FL 32541 CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 yequiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Feb 14, 2007 8:00 am