2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000111142

1. Entity Name

OC DESTIN GROUP LLC

Principal Place of Business

36474A EMERALD COAST PKWY

SUIATE 1201 DESTIN, FL 32541 Mailing Address

36474A EMERALD COAST PKWY SUIATE 1201

DESTIN, FL 32541

Mar 17, 2008 08:00 A Secretary of State

FILED



01182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BOWYER, KEVIN D CPA 36474 EMERALD COAST PARKWAY DESTIN, FL 32541 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000860438 04/02/08-80064-003 138.79

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME .	BOWYER, KEVIN D
STREET ADDRESS	36474 EMERALD COAST PARKWAY
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	MGRM
NAME	O'SULLIVAN, MORT
STREET ADDRESS	36474 EMERALD COAST PARKWAY
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	MGRM
NAME	HENDERSON, JOSEPH W
STREET ADDRESS	36474 EMERALD COAST PARKWAY
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	MGRM
NAME	KELLEY, LORI
STREET ADDRESS	36474 EMERALD COAST PARKWAY
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	MGRM
NAME	BALENT, ANGELA
STREET ADDRESS	36474 EMERALD COAST PARKWAY
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	MGRM
NAME	FLEMING, ILONA
STREET ADDRESS	36474 EMERALD COAST PARKWAY
CITY-ST-ZIP	DESTIN, FL 32541
11. I hereby	certify that the information supplied with this filing does not qualify for the ex

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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 imited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Dale

Daytime Phone #