

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000111142

Entity Name: OC DESTIN GROUP LLC

FILED
Mar 06, 2009
Secretary of State

Current Principal Place of Business:

36474A EMERALD COAST PKWY
SUITE 1201
DESTIN, FL 32541

New Principal Place of Business:

36474C EMERALD COAST PKWY
SUITE 3301
DESTIN, FL 32541

Current Mailing Address:

36474A EMERALD COAST PKWY
SUITE 1201
DESTIN, FL 32541

New Mailing Address:

36474C EMERALD COAST PKWY
SUITE 3301
DESTIN, FL 32541

FEI Number: 20-3799846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BOWYER, KEVIN D CPA
36474C EMERALD COAST PARKWAY
SUITE 3301
DESTIN, FL 32541 US

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.

SIGNATURE:

03/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BOWYER, KEVIN D
Address: 36474 EMERALD COAST PARKWAY
City-St-Zip: DESTIN, FL 32541 US

Title: MGRM () Delete
Name: O'SULLIVAN, MORT
Address: 36474 EMERALD COAST PARKWAY
City-St-Zip: DESTIN, FL 32541 US

Title: MGRM () Delete
Name: HENDERSON, JOSEPH W
Address: 36474 EMERALD COAST PARKWAY
City-St-Zip: DESTIN, FL 32541 US

Title: MGRM () Delete
Name: KELLEY, LORI
Address: 36474 EMERALD COAST PARKWAY
City-St-Zip: DESTIN, FL 32541 US

Title: MGRM () Delete
Name: BALENT, ANGELA
Address: 36474 EMERALD COAST PARKWAY
City-St-Zip: DESTIN, FL 32541 US

Title: MGRM () Delete
Name: FLEMING, ILONA
Address: 36474 EMERALD COAST PARKWAY
City-St-Zip: DESTIN, FL 32541 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LORI KELLEY

MGRM

03/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date