2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2010
Secretary of State

DOCUMENT# L05000111142

Entity Name: OC DESTIN GROUP LLC

Current Principal Place of Business:

36474C EMERALD COAST PKWY
SUITE 3301
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

36474C EMERALD COAST PKWY
SUITE 3301
DESTIN, FL 32541

New Mailing Address:

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
36474C EMERALD COAST PARKWAY
SUITE 3301
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: BOWYER, KEVIN D
Address: 36474C EMERALD COAST PKWY; SUITE 3301
City-St-Zip: DESTIN, FL 32541 US

Title: MGRM
Name: O'SULLIVAN, MORT
Address: 36474C EMERALD COAST PKWY; SUITE 3301
City-St-Zip: DESTIN, FL 32541 US

Title: MGRM
Name: HENDERSON, JOSEPH W
Address: 36474C EMERALD COAST PKWY; SUITE 3301
City-St-Zip: DESTIN, FL 32541 US

Title: MGRM
Name: KELLEY, LORI
Address: 36474C EMERALD COAST PKWY; SUITE 3301
City-St-Zip: DESTIN, FL 32541 US

Title: MGRM
Name: BALENT, ANGELA
Address: 36474C EMERALD COAST PKWY; SUITE 3301
City-St-Zip: DESTIN, FL 32541 US

Title: MGRM
Name: FLEMING, ILONA
Address: 36474C EMERALD COAST PKWY, SUITE 3301
City-St-Zip: DESTIN, FL 32541 US

I hereby 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 Statues.

SIGNATURE: LORI K. KELLEY MGRM 01/18/2010

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