2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000014269

Entity Name: DESTINY PROPERTY MANAGEMENT, LLC

FILED Jun 26, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

226 COLLEGE AVENUE 116 MARLIN DRIVE PANAMA CITY, FL 32401 PANAMA CITY, FL 32405

Current Mailing Address: New Mailing Address:

226 COLLEGE AVENUE P.O. BOX 35091

PANAMA CITY, FL 32401 US PANAMA CITY, FL 32412 US

FEI Number: 20-4270405 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHUBERT, NATALIE T RIVES, TINA G 226 COLLEGE AVENUE 116 MARLIN DRIVE

PANAMA CITY, FL 32401 US PANAMA CITY, FL 32405 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: TINA RIVES 06/26/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM () Delete Title: MGRM (X) Change () Addition

Name: SCHUBERT, NATALIE T Name: RIVES, TINA G
Address: 226 COLLEGE AVENUE Address: 116 MARLIN DRIVE

City-St-Zip: PANAMA CITY, FL 32401 US City-St-Zip: PANAMA CITY, FL 32405 US

Title: () Delete Title: MGRM () Change (X) Addition

 Name:
 Name:
 SUE, HARPER

 Address:
 Address:
 116 MARLIN DRIVE

 City-St-Zip:
 City-St-Zip:
 PANAMA CITY, FL 32405

Title: () Delete Title: MGRM () Change (X) Addition

 Name:
 Name:
 SCHUBERT, NATALIE

 Address:
 Address:
 226 COLLEGE AVE

 City-St-Zip:
 City-St-Zip:
 PANAMA CITY, FL 32401

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: TINA RIVES MGRM 06/26/2007