

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

02-22-2007 90273 034 ****55.00

DOCUMENT # L06000019125 1. Entity Name DESTIN HOME, LLC					
Principal Place of Business 9020 RANCHO DEL RIO DRIVE, SUITE 122 NEW PORT RICHEY, FL 34655			Mailing Address 9020 RANCHO DEL RIO DRIVE, SUITE 122 NEW PORT RICHEY, FL 34655		
2. Principal Place of Business - No P.O. Box # 9400 River Crossing Blvd.		3. Mailing Address 9400 River Crossing Blvd.			
Suite, Apt. #, etc. 102		Suite, Apt. #, etc. 102			
City & State New Port Richey, FL		City & State New Port Richey, FL			
Zip 34655		Country Pasco		Zip 34655	
Country Pasco		4. FEI Number 20-4430043			
5. Certificate of Status Desired XX \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DEEB, ALEX R 9020 RANCHO DEL RIO DRIVE, SUITE 122 NEW PORT RICHEY, FL 34655			7. Name and Address of New Registered Agent Name Alex R. Deeb Street Address (P.O. Box Number, is Not Acceptable) 9400 River Crossing Blvd., Suite 102 New Port Richey, FL 34655 City New Port Richey FL 34655		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DEEB, ALEX R 9020 RANCHO DEL RIO DRIVE, SUITE 122 NEW PORT RICHEY, FL 34655		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Alex R. Deeb 9400 River Crossing Blvd., Suite 102 New Port Richey, FL 34655	
	<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:			2/1/07		727-376-6831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #					