
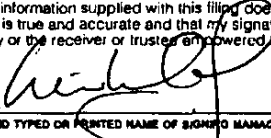


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State

04-20-2007 90026 021 ****50.00

| | | | | | |
|--|---|---|--|---|--|
| DOCUMENT # L06000061401 1. Entity Name DESTIN LEASING, L.L.C. | | | |  | |
| Principal Place of Business 506 HARBOR BLVD DESTIN, FL 32541 | | | Mailing Address 506 HARBOR BLVD DESTIN, FL 32541 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip Country | | City & State Zip Country | | 4. FEI Number 20-5087410 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent ABBOTT, WILLIAM W JR 506 HARBOR BLVD DESTIN, FL 32541 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 re-registering) 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 ABBOTT, WILLIAM W JR 506 HARBOR BLVD DESTIN, FL 32541 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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:  | | | WILLIAM W. ABBOTT, JR 4-18-07 850-654-4437 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date Daytime Phone # | | |

30008267



03082007 Chg-LLC CR2E083 (12/06)

ATTACHMENT 30008267
Nicholson, Reeder & Reynolds, P.A.
Certified Public Accountants

24 Walter Martin Road NE, Suite 1
Ft. Walton Beach, FL 32548
Telephone (850) 243-3176
Facsimile (850) 244-6099

Larry E. Reeder, CPA
Diana S. Reynolds, CPA

4635 Gulfstarr Drive, Suite 300
Destin, FL 32541
Telephone (850) 269-0100
Facsimile (850) 269-1899

William F. Nicholson (1961 - 2004)

May 2, 2007

Florida Department of State
Division of Corporations
P O Box 6478
Tallahassee, FL 32314

RE: Destin Leasing, LLC
L06000061401

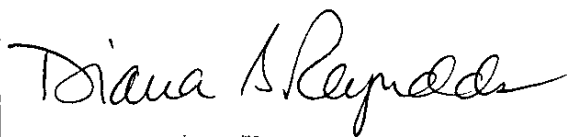
Please find enclosed your letter dated April 25, 2007, stating that the 2007 uniform business report was being returned for lack of federal EIN.

Please note we filed that information and request that this UBR be considered timely filed.

If you should need any further information, please do not hesitate to contact our office.

Sincerely,

NICHOLSON, REEDER & REYNOLDS, P.A.




Diana S. Reynolds
Certified Public Accountant

DSR/dg

ATTACHMENT

X

 **IRS** DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
P.O. BOX 9003
HOLTSVILLE NY 11742-9003

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|||||

DESTIN LEASING LLC
WILLIAM W ABBOTT JR MBR
506 HARBOR BOULEVARD
DESTIN FL 32541

Date of this notice: 06-29-2006

Employer Identification Number:
20-5087410

Form: SS-4

Number of this notice: CP 575 B

For assistance you may call us at:
1-800-829-4933IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 20-5087410. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label we provided. If this isn't possible, it is very important that you use your EIN and complete name and address exactly as shown above on all federal tax forms, payments and related correspondence. Any variation may cause a delay in processing, result in incorrect information in your account or even cause you to be assigned more than one EIN. If the information isn't correct as shown above, please correct it using tear off stub from this notice and return it to us so we can correct your account.

Based on the information from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065

04/15/2007

If you have questions about the form(s) or the due dates(s) shown, you can call or write to us at the phone number or address at the top of the first page of this letter. If you need help in determining what your tax year is, see Publication 536, Accounting Periods and Methods, available at your local IRS office or you can download this Publication from our Web site at www.irs.gov.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination on your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue.)