2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000061401

1. Entity Name DESTIN LEASING, L.L.C.



FILED Apr 21, 2008 08:00 All Secretary of State

Principal Place of Business

506 HARBOR BLVD DESTIN, FL 32541 Mailing Address

506 HARBOR BLVD DESTIN, FL 32541



01102008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

ABBOTT, WILLIAM W JR 506 HARBOR BLVD DESTIN, FL 32541

DO NOT WRITE IN THIS SPACE

	 The above named entity submits this statement for the purpose of changing the obligations of registered agent. 	g its registered office o	r registered agent,	or both, in the State of Florida.	I am familiar with, and accept	
SI	IGNATURE					

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000910304 05/06/08-80106-002 138.75

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABBOTT, WILLIAM W JR 506 HARBOR BLVD DESTIN, FL 32541	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby	certify that the information supplied with this filing does not qualify for the ex- on this report is true and accurate and that my signature shall have the sam	emptions contained in Ch

DO NOT WRITE IN THIS SPACE

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 employeed to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-16-0

Daytime Phone #