


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90113 022 \*\*\*\*50.00

<b>DOCUMENT # L06000080892</b>	
1. Entity Name <b>DESTIN INCOME PARTNERS, LLC</b>	

Principal Place of Business <b>1500 MIRACLE STRIP PARKWAY FORT WALTON BEACH, FL 32548</b>	Mailing Address <b>1500 MIRACLE STRIP PARKWAY FORT WALTON BEACH, FL 32548</b>
--	--

2. Principal Place of Business - No P.O. Box # <b>1320 Miracle Strip Pkwy</b> Suite, Apt. #, etc. <b>Suite 400</b> City & State <b>Ft Walton Beach FL</b> Zip <b>32548</b>	3. Mailing Address <b>1320 Miracle Strip Pkwy</b> Suite, Apt. #, etc. <b>Suite 400</b> City & State <b>Fort Walton Beach FL</b> Zip <b>32548</b> Country <b>Okaloosa</b>
---	---

04042007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-5406887</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>SALATORI &amp; WOOD, P.L. 4001 NORTH TAMIAMI TRAIL, 330 NAPLES, FL 34103</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
--	---

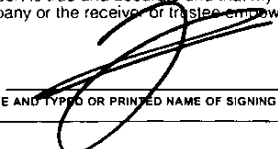
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
--	------------

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		Manager Bilger Investments, LLC 715 Juniper Street Destin, FL 32541	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		Co-Manager Fred E Tolbert III 1320 Miracle Strip Pkwy, Suite 400 Fort Walton Beach, FL 32548	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		Co-Manager William GP Kreuser 1320 Miracle Strip Pkwy, Suite 400 Fort Walton Beach, FL 32548	
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
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
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.

<b>SIGNATURE:</b> 	<b>Fred E. Tolbert, III</b>	<b>4/18/2007</b>	<b>850-862-5600</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	<small>Daytime Phone #</small>