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Jun 02, 2008 8:00 am
Secretary of State
05-06-2008 90003 026 ***138.75

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04162008 Chg-LLC CR2E083 (12/06)

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000055495

1. Entity Name
DESTIN PALMS SELECT, LLC

Principal Place of Business	Mailing Address
981 HWY 98 EAST, STE 3 BOX 419 DESTIN, FL 32541	981 HWY 98 EAST, STE 3 BOX 419 DESTIN, FL 32541
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 26-0233148 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TUCKER, JOYCE A
1150 AIRPORT ROAD
SUITE 172
DESTIN, FL 32541

7. Name and Address of New Registered Agent

Name Lowell B Kelly
Street Address (P.O. Box Number is Not Acceptable)
53 Bannerman Beach Lane
City Santa Rosa Beach FL Zip Code 32459

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 Lowell B. Kelly
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

Make check payable to Florida Department of State

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM KELLY, LOWELL B 981HWY 98 EAST, SUITE 3, BOX 419 DESTIN, FL 32541	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	53 Bannerman Beach Lane Santa Rosa Beach FL 32459	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Lowell B. Kelly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #