

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000090611

FILED  
Jun 13, 2008  
Secretary of State

**Entity Name:** H D PROPERTIES OF DESTIN, LLC

**Current Principal Place of Business:**

4505 BELLBUOY LANDING  
DESTIN, FL 32541

**New Principal Place of Business:**

**Current Mailing Address:**

4505 BELLBUOY LANDING  
DESTIN, FL 32541

**New Mailing Address:**

FEI Number: 26-0842540      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BRAD CONGLETON CPA  
50 UPTOWN GRAYTON CIRCLE  
#15  
SANTA ROSA BEACH, FL 32459 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DAHAN, HAIM  
Address: 4505 BELLBUOY LANDING  
City-St-Zip: DESTIN, FL 32541

Title: MGR ( ) Delete  
Name: DAHAN, DEBBIE  
Address: 4505 BELLBUOY LANDING  
City-St-Zip: DESTIN, FL 32541

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: HAIM DAHAN

MGRM

06/13/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date