
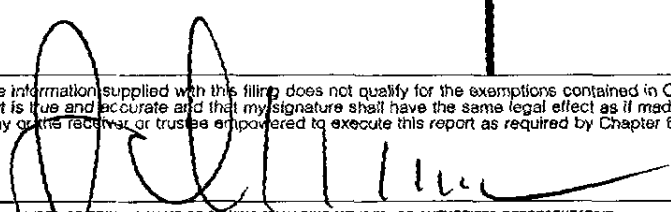


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M04000002832</b>		
1. Entity Name <b>DESTIN INVESTMENTS, L.L.C.</b>		
Principal Place of Business <b>2014 HWY. 190 SLIDELL, LA 70460</b>		Mailing Address <b>2014 HWY. 190 SLIDELL, LA 70460</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		02172006 No Chg-LLC      CR2E083 (11/05)
		4. FEI Number <b>13-4283117</b> Applied For 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>ROBERTS, JOHN 9645 TOWER RIDGE ROAD PENSACOLA, FL 32526</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 reconstituting)      DATE</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SHOEMAKE, JAMES C 242 DELTA DRIVE MANDEVILLE, LA 70448	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM DENIGER, RONNIE 60110 OAKLAWN AVENUE LACOMBE, LA 70445	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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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 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: 		2/20/06 985-643-6070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date      Daytime Phone #