2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # M99000001922

1. Entity Name
DESTIN CONVENIENCE STORE, LLC

Principal Place of Business	Mailing Address
34920 EMERALD COAST PARKWAY DESTIN, FL 32541 US	112 SHEFFIELD LOOP SUITE D HATTIESBURG, MS 39402 US

01162006 No Chg-LLC CR2E063 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
64-0902050
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	YORK, BENNETT V
STREET ADDRESS	112 SHEFFIELD LOOP, SUITE D
CITY-ST-ZIP	HATTIESBURG, MS 39402
TITLE	MGRM
NAME	YORK, BENNETT V JR.
STREET ADDRESS	112 SHEFFIELD LOOP, SUITE D
CITY-ST-ZIP	HATTIESBURG, MS 39402
TITLE	MGRM
NAME	YORK-LOSEE, PAIGE
STREET ADDRESS	112 SHEFFIELD LOOP, SUITE D
CITY-ST-ZIP	HATTIESBURG, MS 39402
TITLE	MGRM
NAME	YORK, JOHN T
STREET ADDRESS	112 SHEFFIELD LOOP, SUITE D
CITY-ST-ZIP	HATTIESBURG, MS 39402
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/31/06-80029-024 55.00

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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: L Paige York-Losee 1/18/06 601-264-0403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #