2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2006 8:00 am
Secretary of State
07-10-2006 90106 007 ****50.00

DOCUMENT # L05000120398

1. Entity Name
PANHANDLE DEVELOPMENT AND INVESTMENT LLC

Principal Place of Business	Mailing Address
405 HIGHWAY 90 WEST BONIFAY, FL 32425	405 HIGHWAY 90 WEST BONIFAY, FL 32425

2. Principal Place of Business		3. Mailing Address	
		211 E. Pennsylvania Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Bonifay, Fl	
Zip	Country	Zip 32425	Country

07072006 Chg-LLC CR2E083 (11/05)

4. FEI Number 72-1608989 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAKE, ROY 202 NORTH WAUKESHA STREET BONIFAY, FL 32425	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOCKE, JACK 405 HIGHWAY 90 WEST BONIFAY, FL 32425	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICH, GLENN 405 HIGHWAY 90 WEST BONIFAY, FL 32425	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	211 E. Pennsylvania Ave. Bonifay, Fl 32425	☑ 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.

Glenn Rich, MGRM

SIGNATURE: [signature] 7/7/06 (850)547-3590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #