approxi

2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

STAPLE

SIGNATURE:

SIGNATURE AND TYPED OR PI

04 APR -8 PM 3: 03 SECRETARY OF STATE TALLAHASSEE, FLORIDA **DOCUMENT # A02000001624** 1. Entity Name PANHANDLE PROPERTIES OF NORTHWEST FLORIDA, LTD. Principal Place of Business Mailing Address 499 N. FERDON BLVD. P.O. BOX 757 CRESTVIEW, FL 32536 CRESTVIEW, FL 32536 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072004 Cha-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 59-2196603 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUSSELL, DAVID A Street Address (P.O. Box Number is Not Acceptable) 499 N. FERDON BLVD. CRESTVIEW, FL 32536 Zip Code FL 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, typed or printed name of registered agent and title if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$8,000.00 in FLORIDA to date. as Shown on record. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT # STREET ADDRESS RUSSELL, DAVID A NAME STREET ADDRESS 499 N. FERDON BLVD., CITY-ST-ZIP CITY-ST-ZIP CRESTVIEW, FL 32536 DOCUMENT # 800033173958 04/20/04-01059 025 **144.75 STREET ADDRESS NAME -STREET ADDRESS CITY-ST-77P CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ANDRESS NAME STREET ADDRESS CITY-ST-ZiP CHTY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-712 CITY ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.