2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED Mar 15, 2007 08:00 A Secretary of State

Due by May 1, 2007		Mar 15, 2007 08:00	
DOCUMENT # A24620 1. Entity Name PANHANDLE ESTATES OF NICEVILLE, LTD.			Secretary of Sta
Principal Place of Business Mailing Address 4300 BAYOU BLVD P.O. BOX 9469 SUITE 10 PENSACOLA, FL 32503	32513	f (1881 Dit iste fluit Grace dritte fluit som	r ældir ældir ældir ældir ældir ældir glækyuk ar kwa:
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		01102007 No Chg-LP	CR2E003 (12/06)
DO NOT WRITE IN THIS	SPACE	4. FEI Number	Applied For
		59-2847536	Not Applicable
A Maria and Address of Court Davids and		5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		The second of th	
NAPIER, JOSEPH 4300 BAYOU BLVD		DO NOT W	RITE
SUITE 10 — PENSACOLA, FL 32503		IN THIS SF	ACE
The above named entity submits this statement for the purpose of changir the obligations of registered agent.	ng its registered office or register	ed agent, or both, in the State of Flo	orida. I am familiar with, and accept
SIGNATURE			
Signature, typed or printed name of registered agent and title it applicable.	· · · · · · · · · · · · · · · · · · ·	1	DATE
FILE NOWIII FEE IS \$500.0 After May 1, 2007, Fee will be \$	900.00 1900.00	U00000 U00000	668351 <u>20027-003</u> 508.75
A GENERAL PARTNER THAT IS A BUSINESS NOTE: General Partners MAY NOT be changed		ERED AND ACTIVE WITH TH	IS OFFICE.
12. GENERAL PARTNER INFORMATION			#
DOCUMENT / NAME NAPIER, JOSEPH STREET ADDRESS 4300 BAYOU BLVD SUITE 10	A series of a seri	e transmission of the explicit	
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14. I hereby certify that the information supplied with this filling 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 it 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.

SIGNATURE:

CITY-ST-ZIP

STAPLE CHECK HERE

SQUATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

03/09/01

860-852-1881 Dayline Phone #