

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Mar 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A24620**

1. Entity Name  
**PANHANDLE ESTATES OF NICEVILLE, LTD.**



Principal Place of Business  
**4300 BAYOU BLVD  
SUITE 10  
PENSACOLA, FL 32503**

Mailing Address  
**P.O. BOX 9469  
PENSACOLA, FL 32513**



02132008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2847536**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**NAPIER, JOSEPH  
4300 BAYOU BLVD  
SUITE 10  
PENSACOLA, FL 32503**

**DO NOT WRITE  
IN THIS SPACE**

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.

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2008, Fee will be \$900.00**

U00000859210  
04/02/08-80013-020 508.75

**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.**

**12. GENERAL PARTNER INFORMATION**

|                |                                 |
|----------------|---------------------------------|
| DOCUMENT #     |                                 |
| NAME           | <b>NAPIER, JOSEPH</b>           |
| STREET ADDRESS | <b>4300 BAYOU BLVD SUITE 10</b> |
| CITY-ST-ZIP    | <b>PENSACOLA, FL 32503</b>      |
| DOCUMENT #     |                                 |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| DOCUMENT #     |                                 |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| DOCUMENT #     |                                 |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| DOCUMENT #     |                                 |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |

**DO NOT WRITE  
IN THIS SPACE**

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**GENERAL PARTNER**

**02/14/08**

Date

**850-857-1881**

Daytime Phone #

STAPLE CHECK HERE