

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 17, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000004630

1. Entity Name  
PANHANDLE HOLDINGS, L.C.



Principal Place of Business  
106 BROOKS STREET, #1  
FORT WALTON BEACH, FL 32549

Mailing Address  
106 BROOKS STREET, #1  
FORT WALTON BEACH, FL 32549



04282005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
58-2547369

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

WADE, WALLACE W  
10221 W. EMERALD COAST PKWY  
STE. 26  
DESTIN, FL 32541

**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, type 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 May 1, 2005**

UN00000367420  
05/17/05-80004-001 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR  
NAME COPELAN, GEORGE D  
STREET ADDRESS 194 LYNDALANE  
CITY-ST-ZIP PINE MOUNTAIN, GA 31822

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

4/28/05 706-323-3643  
Date Daytime Phone #