2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 22, 2008
Secretary of State

DOCUMENT# L01000012179

Entity Name: DCI PANHANDLE PROPERTIES, LLC

Current Principal Place of Business:

36 SOUTH SAN JUAN AVE.
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

5495 BANNERGATE DRIVE
ALPHARETTA, GA 30022

New Mailing Address:

800 BEAR PAW RIDGE
DAHLONEGA, GA 30533

FEI Number: 58-2641860 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SHANKWILER, DOUGLAS
Address: 36 SOUTH SAN JUAN AVE.
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM ( ) Delete
Name: SHANKWILER, CYNTHIA
Address: 36 SOUTH SAN JUAN AVE.
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DOUGLAS A. SHANKWILER MGRM 07/22/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date