## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L02000028156

Name:

Address:

City-St-Zip:

Entity Name: PANHANDLE PROPERTIES, LLC

FILED Aug 28, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2610 LYNN HAVEN PARKWAY LYNN HAVEN, FL 32444 **Current Mailing Address: New Mailing Address:** 2610 LYNN HAVEN PARKWAY LYNN HAVEN, FL 32444 FEI Number: 42-1559827 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: Name and Address of New Registered Agent: SAMTANI, MANU 105 W 23RD STREET PANAMA CITY, FL 32405 US 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: ADDITIONS/CHANGES: **MEMB** Title: () Change () Addition () Delete NANJI, KIRAN Name: Name: Address: 3220 COUNTRY CLUB DRIVE Address: City-St-Zip: LYNN HAVEN, FL 32444 City-St-Zip: Title: MEMB () Delete Title: () Change () Addition Name: PUROHIT, DULIP Name: Address: 304 W. 23RD STREET Address: City-St-Zip: PANAMA CITY, FL 32404 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition SAMTANI, MANU Name: Name: Address: 904 ASHWOOD CIRCLE Address: City-St-Zip: PANAMA CITY, FL 32405 City-St-Zip: Title: MEMR ( ) Delete Title: () Change () Addition Name: REDDY, SUKHAKAR C Name: Address: 204 E. 19TH STREET Address: City-St-Zip: PANAMA CITY, FL 32405 City-St-Zip: Title: () Delete Title: MEMB ( ) Change (X) Addition

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.

Name:

Address:

City-St-Zip:

RAO, PALEP N

2610 LYNN HAVEN PKWY

LYNN HAVEN, FL 32444

SIGNATURE: MANU SAMTANI MGRM 08/28/2008