


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90018 041 ****50.00

DOCUMENT # L03000002301	
1. Entity Name PANHANDLE ENTERTAINMENT, LLC	

Principal Place of Business 1030 N. ORANGE AVENUE SUITE 104 ORLANDO FL 32801	Mailing Address 1030 N. ORANGE AVENUE SUITE 104 ORLANDO FL 32801
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2. Principal Place of Business 801 N. MAGNOLIA AVE SUITE 220 ORLANDO, FL 32803 USA	3. Mailing Address 801 N. MAGNOLIA AVE SUITE 220 ORLANDO, FL 32803 USA
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1st MOORE CR2E083 (10/05)

4. FEI Number 06-1676915		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent CAROLAN, J.P. III 390 N. ORANGE AVENUE, SUITE 1500 ORLANDO FL 32801		7. Name and Address of New Registered Agent Name Sims, Bill J Street Address (P.O. Box Number is Not Acceptable) 8708 SUMMERVILLE PL ORLANDO, FL 32819

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 fee is applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMS, BILL J 1110 SW IVANHOE BLVD #5 ORLANDO FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8708 SUMMERVILLE PL ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #