

FILED
Apr 26, 2004 8:00 am
Secretary of State

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02-12-2004 90119 011 *****50.00

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000007805 1. Entity Name PANHANDLE PROPERTIES TRUST, LLC																											
Principal Place of Business 319 FOX DEN COURT DESTIN, FL 32351		Mailing Address 319 FOX DEN COURT DESTIN, FL 32351																									
2. Principal Place of Business 4202 Turtle Crossing Suite, Apt. #, etc.		3. Mailing Address 4202 Turtle Crossing Suite, Apt. #, etc.																									
City & State Niceville, Florida Zip 32575 Country USA		City & State Niceville, Florida Zip 32575 Country USA																									
4. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		5. Filing Number 912187515																									
6. Name and Address of Current Registered Agent DEVENS, LAUREN 319 FOX DEN COURT DESTIN, FL 32351		7. Name and Address of New Registered Agent Dora C. Matthews, Esq. Matthews & Hawkins, P.A. 4475 Legendary Drive Destin FL 32341																									
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 filer if applicable.		DATE 2/9/04 DATE																									
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State																									
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="2" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP Co-Manager Susan L Smith 4202 Turtle Crossing Niceville, Florida 32575 </td> <td style="width: 50%; padding: 2px;"> ☐ Delete </td> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="width: 50%; padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP Co-Manager James F. Heidenreich 7511 Bull Headley Road, Suite 200 Tallahassee, Florida 32312 </td> <td style="padding: 2px;"> ☐ Delete </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> </tbody> </table>				9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		TITLE NAME STREET ADDRESS CITY-STATE-ZIP Co-Manager Susan L Smith 4202 Turtle Crossing Niceville, Florida 32575	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP Co-Manager James F. Heidenreich 7511 Bull Headley Road, Suite 200 Tallahassee, Florida 32312	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 606, Florida Statutes.																											
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE 2/9/04 DATE																									

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