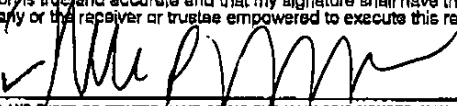


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED

2004 DEC 15 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000024141					
1. Entity Name PANHANDLE MOVIE COMPANY, LLC					
Principal Place of Business 1233 CRANE COVE BLVD. GULF BREEZE FL 32563			Mailing Address 1233 CRANE COVE BLVD. GULF BREEZE FL 32563		
2. Principal Place of Business 4915 HWY 90 W			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State PACE FL			City & State		
Zip 32571		Country Santa Rosa		4. FEI Number 20-0067513	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
5. Name and Address of Current Registered Agent HIGHTOWER, DAVID E 501 COMMENECIA STREET PENSACOLA FL 32501				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				Zip Code	
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  (NOTE: Registered Agent signature required when registering)					
DATE					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 8, 2004					
9. MANAGING MEMBERS/MANAGERS					
TITLE MANAGING MEMBER	☐ Delete				
NAME NELS OFFERDAHL					
STREET ADDRESS 1233 CRANE COVE BLVD					
CITY-ST-ZIP GULF BREEZE FL 32563					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
10. ADDITIONS/CHANGES					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 11-02-04 Daytime Phone #: 850-934-3315					



MOORE CR2E083 (4/04)

RESTATEMENT

X/01