## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000048788

Entity Name: PANHANDLE HOLDINGS GROUP, L.L.C.

5149 NORTH NINTH AVE., STE. 120

PENSACOLA, FL 32504

Address:

City-St-Zip:

FILED Jan 14, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5149 NORTH NINTH AVE STE. 120 PENSACOLA, FL 32504 **New Mailing Address: Current Mailing Address:** 5149 NORTH NINTH AVE STE. 120 PENSACOLA, FL 32504 FEI Number: 56-2420491 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MESSINA, FRANK V 5149 N. 9TH AVE STE 120 PENSACOLA, FL 32504 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: MGRM Title: () Change () Addition () Delete MESSINA, FRANK V Name: Name: 5149 NORTH NINTH AVE., STE. 120 Address: Address: City-St-Zip: PENSACOLA, FL 32504 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition BRAY, JOHN M Name: Name: Address: 5149 NOTH NINTH AVE., STE, 120 Address: City-St-Zip: PENSACOLA, FL 32504 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition LAPOINTE, TED Name: Name: Address: 5149 NORTH NITH AVE., STE. 120 Address: City-St-Zip: PENSACOLA, FL 32504 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: WAGNER, JOHN G Name: 5149 NORTH NINTH AVENUE., STE. 120 Address: Address: City-St-Zip: PENSACOLA, FL 32504 City-St-Zip: MGRM Title: () Delete Title: () Change () Addition PHILLIPS, DAVID E Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: TED LAPOINTE MGRM 01/14/2009