


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90276 015 ****50.00

DOCUMENT # L04000040976	
1. Entity Name PANHANDLE LAND DEVELOPERS, LLC	

Principal Place of Business 1031 STATE HIGHWAY 20 EAST FREEPORT, FL 32439	Mailing Address P.O. BOX 1049 FREEPORT, FL 32439
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2. Principal Place of Business - No P.O. Box # 1565 Highway 90	3. Mailing Address P.O. BOX 95
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ponce De Leon, FL.	City & State Ponce De Leon, FL.
Zip 32455	Zip 32455
Country	Country



02052007 Chg-LLC CR2E083 (12/06)

4. FEI Number 02-1201112	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KANE, JEFFREY J 1031 STATE HIGHWAY 20 EAST FREEPORT, FL 32439	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1565 Highway 90 Ponce De Leon City FL Zip Code 32455
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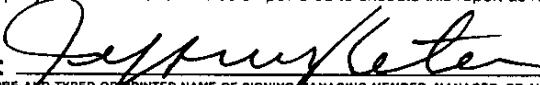
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PETERSON, JEFFREY L 1031 STATE HWY, 20 EAST FREEPORT, FL 32439 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Jeffrey L. Peterson 1565 Highway 90 Ponce De Leon, FL. 32455 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KANE, JEFFREY J 1031 STATE HWY, 20 EAST FREEPORT, FL 32439 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Jeffrey J. Kane 1565 Highway 90 Ponce De Leon, FL. 32455 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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 Chapter 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 # _____