2008 LIMITED LIABILITY COMPANY

May 01, 2008 8:00 am Secretary of State ANNUAL REPORT 05-01-2008 90023 028 ***138.75 **DOCUMENT # L04000040976** PANHANDLE LAND DEVELOPERS, LLC PROJOGET Principal Place of Business Maiting Address 1565 HWY 90 P.O BOX 95? PONCE DE LEON, FL 32455 PONCE DE LEON, FL 32455 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05012008 CR2E083 (12/06) Chg-LLC 4. FEI Number Applied For City & State City & State 02-1201112 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KANE, JEFFREY J Street Address (P.O. Box Number is Not Acceptable) 1565 HWY 90 PONCE DE LEON, FL 32455 City Zip Code Fι 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 tide if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM fme ☐ Change ☐ Addition Delete TITLE PETERSON, JEFFREY L NAME NAME STREET ADDRESS 1565 HWY 90 STREET ADDRESS PONCE DE LEON, FL 32455 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change ■ Addition TITLE NAME KANE, JEFFREY J NAME 1565 HWY 90 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PONCE DE LEON, FL 32455 ☐ Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE

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 it made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee exposured to execute this report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS

CITY-ST-ZIP

E AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

NAME

STREET ADDRESS

CITY-ST-2IP

Date

FILED