2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Secretary of State DOCUMENT # L04000084345 1. Entity Name THE PANHANDLE GROUP, L.L.C Principal Place of Business Mailing Address 251 COUNTRY CLUB ROAD SHALIMAR FL 32579 251 COUNTRY CLUB ROAD SHALIMAR FL 32579 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) Applied For 4. FEI Number City & State City & State 06-1735662 Not Applicable Country Zip \$5.00 Additionat Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MORRIS, BARBARA A Street Address (P.O. Box Number is Not Acceptable) 251 COUNTRY CLUB ROAD SHALIMAR FL 32579 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 DATE Signature, typed or printed name or registered agent and title if applicable (NOTE Registered Agent signature reduced when romstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. Change □ Admi TITLE TITLE MGR ☐ Delete U00000412432 -02/10/06-30047 NAME NAME MORRIS, BARBARA A -020 50.00 STREET ADDRESS STREET ADDRESS 251 COUNTRY CLUB ROAD CITY - ST-ZIP SHALIMAR FL 32579 CITY-ST-ZIP TITLE Change Addieu TITLE Delete NAME STREET ADDRESS SURFET AODRESS CITY-ST-ZIP CITY-ST-219 TITLE ☐ Change ☐ Address TITLE ☐ Delete NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP Change T Accion TETI E ☐ Detete BILE HAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CHY-ST-ZIP Addin. Change TITLE ☐ Detete 33/11 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2)P ☐ Change ☐ Addison TITLE Detete DATE MAMC NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this liting does not qualify for the exemptions contained in Section 119, Fforida 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, Fforida Statutes.

FILED

Jan 31, 2006 08:00 AM

SIGNATURE BALLALA a. Marrie BARBARA A. MORRIS 1/26/06 (850)-651-642)