2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

Aug 14, 2006 8:00 am Secretary of State DOCUMENT # L04000088914 08-14-2006 90123 022 ****50.00 PANHANDLE DEVELOPMENT, LLC Principal Place of Business Mailing Address 3304 THE TRAIL 3304 THE TRAIL GAINESVILLE GA 30501 **GAINESVILLE GA 30501** 2. Principal Place of Business 808 For7 3. Mailing Address FORT King George Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E083 (4/06) Applied For 4. FEI Number 59-3791765 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SANDERS, BARBARA ATTY Street Address (P.O. Box Number is Not Acceptable) **80 MARKET STREET** APALACHICOLA FL 32320 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 reinstating FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 6, 2006 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition DAVID LAWRENCE BRANCATO NAME 3304 THE TRAIL STREET ADDRESS STREET ADDRESS DARIEN GA. 31305 GAINESVILLE GA 30501 CITY-ST-ZIP CUTY-ST-ZIP MGRM TITLE ☐ Delete **CANDI MARIA BRANCATO** FORT KING GEORGE NAME NAME 3304 THE TRAIL STREET ADDRESS STREET ADDRESS 31305 **GAINESVILLE GA 30501** CITY - ST - ZIP CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Addition ARTHUR MICHAEL BROWN NAME NAME 4 COATES CLOSE HEYBRIDGE MALDON STREET ADDRESS STREET ADDRESS ESSEX CMO 4PB ENGLAND CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #