2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L04000088914

Entity Name: PANHANDLE DEVELOPMENT, LLC

Current Principal Place of Business:

808 FORT KING GEORGE
DARIEN, GA 31305

New Principal Place of Business:

Current Mailing Address:

808 FORT KING GEORGE
DARIEN, GA 31305

New Mailing Address:

FEI Number: 59-3791765 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANDERS, BARBARA ATTY
80 MARKET STREET
APALACHICOLA, FL 32320 US

Name and Address of New Registered Agent:

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:

Title:	MGRM	( ) Delete
Name:	DAVID LAWRENCE BRANCATO	
Address:	808 FORT KING GEORGE	
City-St-Zip:	DARIEN, GA 31305	
Title:	MGRM	( ) Delete
Name:	CANDI MARIA BRANCATO	
Address:	808 FORT KING GEORGE	
City-St-Zip:	DARIEN, GA 31305	
Title:	MGRM	( ) Delete
Name:	ARTHUR MICHAEL BROWN	
Address:	4 COATES CLOSE HEYBRIDGE MALDON	
City-St-Zip:	ESSEX CMO 4PB ENGLAND,	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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.

SIGNATURE: CANDY BRANCATO MGRM 04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date