2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

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Entity Name: PRIME PANHANDLE PROPERTIES, L.L.C.

Current Principal Place of Business:

P. O. BOX 1202
PENSACOLA, FL 32591 US

New Principal Place of Business:

405 NAVARRE STREET
GULF BREEZE, FL 32561 US

Current Mailing Address:

P. O. BOX 1202
PENSACOLA, FL 32591 US

New Mailing Address:

405 NAVARRE STREET
GULF BREEZE, FL 32561 US

FEI Number: 11-3738054 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BORDELON & SCHULTZ LAW FIRM, P.L.
2721 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563 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: MGR ( ) Delete
Name: BEASLEY, JASON L
Address: P. O. BOX 1202
City-St-Zip: PENSACOLA, FL 32591 US

Title: MGR ( ) Delete
Name: BEASLEY, JENNIFER D
Address: P. O. BOX 12502
City-St-Zip: PENSACOLA, FL 32591 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BEASLEY, JASON L
Address: 405 NAVARRE STREET
City-St-Zip: GULF BREEZE, FL 32561 US

Title: MGRM (X) Change ( ) Addition
Name: BEASLEY, JENNIFER D
Address: 405 NAVARRE STREET
City-St-Zip: GULF BREEZE, FL 32561 US

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: JENNIFER D. BEASLEY MGRM 04/30/2007

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