


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 20, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90048 035 \*\*\*\*50.00

|   |   |   |  |   |  |
|---|---|---|--|---|--|
| <b>DOCUMENT # L05000026303</b>  |   |   |  |  |  |
| <b>1. Entity Name</b><br>PANHANDLE BEACH PROPERTY, LLC  |   |   |  |   |  |
| <b>Principal Place of Business</b><br>4333 SCHOONER LANE<br>LYNN HAVEN, FL 32444  |   |   | <b>Mailing Address</b><br>4333 SCHOONER LANE<br>LYNN HAVEN, FL 32444 |   |  |
| <b>2. Principal Place of Business</b>   |   | <b>3. Mailing Address</b>   |  |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |  |   |  |
| City & State  |   | City & State  |  |   |  |
| Zip   | Country   | Zip   | Country  | 01172006    Chg-LLC    CR2E083 (11/05)  |  |
| <b>4. FEI Number</b><br>20-2498179  |   |   |  | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| <b>5. Certificate of Status Desired</b>   |   |   |  | <input type="checkbox"/> \$5.00 Additional Fee Required                           |  |
| <b>6. Name and Address of Current Registered Agent</b>  |   |   | <b>7. Name and Address of New Registered Agent</b>                   |   |  |
| TORRANCE, JERRELL W<br>4333 SCHOONER LANE<br>LYNN HAVEN, FL 32444   |   |   | Name   |   |  |
|   |   |   | Street Address (P.O. Box Number is Not Acceptable)                   |   |  |
|   |   |   | City   |   |  |
|   |   |   | FL    Zip Code   |   |  |
| <b>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.</b>  |   |   |  |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____   |   |   |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>   |   | <b>Make check payable to<br/>Florida Department of State</b>      |  |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |   | <b>10. ADDITIONS/CHANGES</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>TORRANCE, JERRELL W<br>4333 SCHOONER LANE<br>LYNN HAVEN, FL 32444 | <input type="checkbox"/> Delete                                   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| <b>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.</b> |   |   |  |   |  |
| <b>SIGNATURE:</b> <u>Jerrell W. Torrance</u> <u>Jerrell W. Torrance</u> <u>01/20/06</u> <u>850-527-9150</u>   |   |   |  |   |  |
| SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #   |   |   |  |   |  |