


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90018 025 ****50.00

DOCUMENT # L05000028712					
1. Entity Name PANHANDLE BEACH REALTY, LLC					
Principal Place of Business 2111 THOMAS DRIVE; SUITE 5 PANAMA CITY BEACH, FL 32408 US			Mailing Address 2111 THOMAS DRIVE; SUITE 5 PANAMA CITY BEACH, FL 32408 US		
2. Principal Place of Business - No P.O. Box # 8833 Front Beach Rd		3. Mailing Address 8833 Front Beach Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Panama City Beach, FL		City & State Panama City Beach, FL		4. FEI Number 20-2554141	
Zip 32407		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FRIES, DONNA A 2111 THOMAS DRIVE SUITE 5 PANAMA CITY BEACH, FL 32408			7. Name and Address of New Registered Agent Name <u>Fries, Donna A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>8833 Front Beach Rd</u> City <u>Panama City Beach</u> FL Zip Code <u>32407</u>		
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 <u><i>Donna A. Fries</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>1/11/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGM FRIES, DONNA A 2111 THOMAS DRIVE PANAMA CITY BEACH, FL 32408	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGM Fries, Donna A 8833 Front Beach Rd Panama City Beach, FL 32407	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Donna A. Fries</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>1/10/07</u> Daytime Phone #	