


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90037 035 ****50.00

DOCUMENT # L05000113231	
1. Entity Name PANHANDLE ICE HOUSES, LLC	

Principal Place of Business 1474 HWY 83 NORTH DE FUNIAK SPRINGS, FL 32433	Mailing Address P O BOX 661 DE FUNIAK SPRINGS, FL 32435
---	---

00000000



2. Principal Place of Business - No P.O. Box # 38 S 8th ST	3. Mailing Address P O Box 952
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02062007 Chg-LLC CR2E083 (12/06)

City & State DE FUNIAK SPRINGS FL	City & State DE FUNIAK SPRINGS FL
Zip 32435	Country
Country	Zip 32435
Country	Country

4. FEI Number 20-3834212	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MC DONALD, INGRAM K 1474 HWY 83 NORTH DE FUNIAK SPRINGS, FL 32433		Name	
		Street Address (P.O. Box Number is Not Acceptable) 38 S 8th ST	
		City DE FUNIAK SPRINGS FL Zip Code 32435	

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 McDonald President <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE 3-31-07 <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	MGRM MC DONALD, INGRAM K 1474 HWY 83 NORTH DE FUNIAK SPRINGS, FL 32433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MC DONALD, KIM 1474 HWY 83 N DE FUNIAK SPRINGS FL 32435 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 McDonald President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	DATE 3-31-07 <small>Date</small>
	Daytime Phone #