# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

**FILED**
**Jan 31, 2008 08:00 A**
**Secretary of State**

DOCUMENT # L06000085025

1. Entity Name

PANHANDLE INVESTMENT GROUP, L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 37 TUPELO AVENUE<br>FORT WALTON BEACH FL 32548 | 37 TUPELO AVENUE<br>FORT WALTON BEACH FL 32548 |

1st MOORE CR2E083 (10/07)

| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 20-5465505 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| BROWN, THOMAS M<br>37 TUPELO AVENUE<br>FORT WALTON BEACH FL 32548 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when resigning) DATE

**FILE NOW!!! FEE IS $138.75**
**After May 1, 2008, Fee Will Be $538.75**
**Make Check Payable to Florida Department of State**

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|
| TITLE | MGRP ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | BOYETTE, WAYNE T | NAME | U0000080846G |
| STREET ADDRESS | PO BOX 2095 | STREET ADDRESS | 02/07/08-80049-022 138.75 |
| CITY-ST-ZIP | FORT WALTON BEACH FL 32549 | CITY-ST-ZIP | |
| TITLE | MGRP ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | RICE, EDWARD E | NAME | |
| STREET ADDRESS | 701-A EDGE ST | STREET ADDRESS | |
| CITY-ST-ZIP | FORT WALTON BEACH FL 32547 | CITY-ST-ZIP | |
| TITLE | MGRP ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | VOSBURGH, LESLIE | NAME | |
| STREET ADDRESS | 803 SOUTH DR. | STREET ADDRESS | |
| CITY-ST-ZIP | FORT WALTON BEACH FL 32547 | CITY-ST-ZIP | |
| TITLE | MGRP ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | BROWN, THOMAS M | NAME | |
| STREET ADDRESS | 37 TUPELO AVENUE | STREET ADDRESS | |
| CITY-ST-ZIP | FORT WALTON BEACH FL 32548 | CITY-ST-ZIP | |
| TITLE | MGRP ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | HOWARD, GARY | NAME | |
| STREET ADDRESS | PO BOX 245 | STREET ADDRESS | |
| CITY-ST-ZIP | SHALIMAR FL 32579 | CITY-ST-ZIP | |
| TITLE | MGRP ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | HENDERSON, JAMES H II | NAME | |
| STREET ADDRESS | 575 L'OMBRE CIRCLE | STREET ADDRESS | |
| CITY-ST-ZIP | FORT WALTON BEACH FL 32547 | CITY-ST-ZIP | |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Thomas M Brown 1/25/08 850 244-2026

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #