

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000085025

FILED  
Mar 26, 2012  
Secretary of State

**Entity Name:** PANHANDLE INVESTMENT GROUP, L.L.C.

**Current Principal Place of Business:**

37 TUPELO AVENUE  
FORT WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

37 TUPELO AVENUE  
FORT WALTON BEACH, FL 32548

**New Mailing Address:**

**FEI Number:** 20-5465505

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROWN, THOMAS M  
37 TUPELO AVENUE  
FORT WALTON BEACH, FL 32548 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: MGRP  
Name: BOYETTE, WAYNE T  
Address: PO BOX 2095  
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: MGRP  
Name: RICE, EDWARD E  
Address: 701-A EDGE ST  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MGRP  
Name: VOSBURGH, LESLIE  
Address: 803 SOUTH DR.  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MGRP  
Name: BROWN, THOMAS M  
Address: 37 TUPELO AVENUE  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: MGRP  
Name: HOWARD, GARY  
Address: PO BOX 245  
City-St-Zip: SHALIMAR, FL 32579

Title: MGRP  
Name: HENDERSON, JAMES H II  
Address: 575 L'OMBRE CIRCLE  
City-St-Zip: FORT WALTON BEACH, FL 32547

I hereby 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: THOMAS M. BROWN

MGRP

03/26/2012

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