File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee

FILED

DIVISION OF CORPORATIONS 1998 98 APR 24 PM 12: 41 SECRETARY OF STATE TALLAHASSEE, FLORIDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address
of Limited Liability Company **DOCUMENT # 197000000808** 1a. Principal Place of Business Address PANHANDLE HOLDING COMPANY L.C. 1711 WORTHINGTON RD #202 1711 WORTHINGTON RD #202 WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 3. Date Organized or Qualified 3a. State of Formation 2a. Mailing Address 2. Principal Place of Business 07/28/1997 FL Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 6 Certificate of Status Desired. Country Country Ζip Zio \$8.75 Additional Fee Bequired B. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent MIRKIN & WOOLF, P.A. Street Address (P.O. Box Number is Not Acceptable) 1700 PALM BEACH LAKES BLVD #580 WEST PALM BEACH FL 33401 Suite, Apt. #, etc. Zip Code City 9. Pursuant to the provisions of Sections 608.416 and 608.508, Fiorida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. DATE SIGNATURE (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) City, State and Zip Code **Business Street Address** Managing Members/Managers 10. Title MGR PIERCE, THOMAS K 1711 WORTHINGTON RD #202 WEST PALM BEACH FL MGR 1711 WORTHINGTON RD #202 WEST PALM BEACH FL MILLER, JAMES F 300002503773--7 -04/28/98--01108--908_ ****188.75 ****188.75 AL APR 2 7 1998

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINT B NAME OF SIGNING MANAGING MEMBER OR MANAGER

Daytime Phone #