

2007 FOR PROFIT CORPORATION ANNUAL REPORT


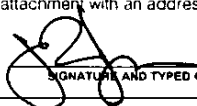
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Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90400 044 ***150.00

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03302007 Chg-P CR2E034 (12/06)

DOCUMENT # P05000109762					
1. Entity Name PANAMA CITY LAND PARTNERSHIP G.P., INC.					
Principal Place of Business 704-708 W. 15TH ST. PANAMA CITY, FL 32401			Mailing Address 6200 LEMMON AVE DALLAS, TX 75209		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address P.O. Box 7007		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State Dallas, TX		
Zip	Country	Zip	Country	4. FEI Number 20-3345868	
		75209-7007		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SHIPPY, DAREN L ESQ. 2548 BLAIRSTONE PINES DR. TALLAHASSEE, FL 32301				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EAGLE, JOHN R 6200 LEMMON AVE. DALLAS, TX 75209	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.O. Box 7007 Dallas, TX 75209-7007	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HATHCOCK, JUDITH 876 SOUTH LAKESHORE DR. VALDOSTA, GA 31605	<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
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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
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			JOHN R. EAGLE, PRESIDENT 4-19-07 214 357 0461		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: _____		