2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

APPROVED AND FILED
'04 MAY -4 PM 5:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MOORE CR2E003 (11/03)

DOCUMENT # A92000000102

1. Entity Name
FLORIDA PANTHERS HOCKEY CLUB, LTD.

Principal Place of Business	Mailing Address
ONE PANTHER PARKWAY SUNRISE FL 33323	ONE PANTHER PARKWAY SUNRISE FL 33323
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0401302 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~DUFFY, WILLIAM T~~
~~ONE PANTHER PARKWAY~~
~~SUNRISE FL 33323~~

7. Name and Address of New Registered Agent

Name: Charles E. Wildermuth
Street Address (P.O. Box Number is Not Acceptable): 13800 N.W. 2nd Street
Suite 190
City: Sunrise FL Zip Code 33325

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] DATE 4/27/04
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. $100.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L01000010546	STREET ADDRESS	
NAME	PHGP LLC		
STREET ADDRESS	ONE PANTHER PARKWAY	CITY-ST-ZIP	000036548860
CITY-ST-ZIP	SUNRISE FL 33323		~~05/18/04--01048--012 **150.00~~
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STAPLE CHECK HERE

14. I 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: [signature] 4/30/04 954-835-7612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #
Evelyn Lopez, EVP/CFO & Treasurer