


**FILED**  
**May 13, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90081 009 \*\*\*\*50.00

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**DOCUMENT # L03000043952**

1. Entity Name  
**PANTHER BELVEDERE, LLC**



Principal Place of Business      Mailing Address  
**155 S. MIAMI AVE., PH 2-A**      **155 S. MIAMI AVE., PH 2-A**  
**MIAMI, FL 33130**      **MIAMI, FL 33130**

**34006050**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

01082004    Chg-LLC    CR2E083 (10/03)

4. FEI Number      Applied For

**20-0387305**      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

**PANTHER MANAGEMENT SERVICES, INC.**      Name  
**155 S. MIAMI AVE., PH 2-A**      Street Address (P.O. Box Number is Not Acceptable)  
**MIAMI, FL 33130**      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 signature required when reinstating)      DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>Managing Member</b>
STREET ADDRESS		STREET ADDRESS	<b>Daniel Sirlin</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>155 S. Miami Avenue, PH 2A</b>
			<b>Miami FL 33130</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>Managing Member</b>
STREET ADDRESS		STREET ADDRESS	<b>Jeff Krinsky</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>155 S. Miami Avenue</b>
			<b>Miami FL 33130</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. 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 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:  **Jeff Krinsky**      4/26/04      305 374-5455

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