


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90046 047 \*\*\*\*50.00

**DOCUMENT # L04000010589**  
 1. Entity Name  
**PANTHER WATERWAYS, LLC**



20050504

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

Mailing Address  
**155 S. MIAMI AVE, PH 2-A  
 MIAMI, FL 33130**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04192005 Chg-LLC CR2E083 (10/03)

City & State  
 Zip Country

4. FEI Number  
**20-0734458**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
**PANTHER MANAGEMENT SERVICES, INC.  
 155 S. MIAMI AVE, PH 2-A  
 MIAMI, FL 33130**

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2005**

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

**9. MANAGING MEMBERS / MANAGERS**

**10. ADDITIONS / CHANGES**

TITLE NAME  Delete  
**D Daniel Sialin**  
 STREET ADDRESS **155 South Miami Ave PH2A**  
 CITY-ST-ZIP **Miami FL 33130**

TITLE NAME  Change  Addition

TITLE NAME  Delete  
**D Jeff Krinsky**  
 STREET ADDRESS **155 S. Miami Ave PH2A**  
 CITY-ST-ZIP **Miami FL 33130**

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition

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**

**4-26-05 305-374-5455**

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