


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90062 049 ****50.00

DOCUMENT # L04000010589

1. Entity Name
PANTHER WATERWAYS, 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

00044276



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
333 S, Miami Avenue. **333 S, Miami Avenue**

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 150 **Suite 150**

03132007 Chg-LLC CR2E083 (12/06)

City & State City & State
Miami, FL **Miami, FL**

4. FEI Number Applied For
20-0734458 Not Applicable

Zip Country Zip Country
33130 **USA** **33130** **USA**

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

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

7. Name and Address of New Registered Agent
 Name **Panther Management Services, LLC**
 Street Address (P.O. Box Number is Not Acceptable)
333 S, Miami Avenue
Suite 150
 City **Miami** State **FL** Zip Code **33130**

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, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SIRLIN, DANIEL	
STREET ADDRESS	155 SOUTH MIAMI AVE PH 2A	
CITY - ST - ZIP	MIAMI, FL 33130	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KRINSKY, JEFF	
STREET ADDRESS	155 SOUTH MIAMI AVE PH 2A	
CITY - ST - ZIP	MIAMI, FL 33130	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sirlin, Daniel	
STREET ADDRESS	333 S. Miami Avenue, Ste. 150	
CITY - ST - ZIP	Miami, FL 33130	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Krinsky, Jeff	
STREET ADDRESS	333 S. Miami Avenue, Ste. 150	
CITY - ST - ZIP	Miami, FL 33130	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. 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 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: _____ **MEMBER** **4.30.07**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #