2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 29, 2005 8:00 am Secretary of State DOCUMENT # L04000010592 04-29-2005 90046 046 ****50.00 PANTHER BOYNTON, 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 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192005 Chg-LLC CR2E083 (10/03) City & State 4. FEL Number Applied For City & State 20-0734463 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PANTHER MANAGEMENT SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 155 S. MIAMI AVE, PH 2-A MIAMI, FL 33130 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, 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, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE TITLE ☐ Change ■ Addition Daniel Sirlin 155 South Miami Avenue PHZA NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP Miami FI 33130 TITLE ☐ Delete TITLE Change ■ Addition Jeff Krinsky NAME NAME 155 S. Miami Aunue PHAA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Miami A CITY-ST-7IP 33(31) ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change 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 regeiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ____

FILED