


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-30-2007 90062 050 ****50.00

DOCUMENT # L04000010592

1. Entity Name
PANTHER BOYNTON, LLC



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**

60044275

2. Principal Place of Business - No P.O. Box #
333 S. Miami Avenue

3. Mailing Address
333 S. Miami Avenue



Suite, Apt. #, etc.
Suite 150

Suite, Apt. #, etc.
Suite 150

03132007 Chg-LLC CR2E083 (12/06)

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
20-0734463

Applied For
 Not Applicable

Zip
33130

Country
USA

Zip
33130

Country
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

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 NAME STREET ADDRESS CITY-ST-ZIP	D SIRLIN, DANIEL 155 S MIAMI AVE, PH2A MIAMI, FL 33130 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRINSKY, JEFF 155 S MIAMI AVE, PH2A MIAMI, FL 33130 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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

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:  **J.P.**  **4-27-07**

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