

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-30-2007 90062 006 ****50.00

DOCUMENT # L04000067721



1. Entity Name
 PANTHER DEVELOPMENT PARTNERS, L.L.C.

60044271

Principal Place of Business
 155 SOUTH MIAMI AVENUE, PH II-A
 MIAMI, FL 33130

Mailing Address
 155 SOUTH MIAMI AVENUE, PH II-A
 MIAMI, FL 33130



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

3. Mailing Address
 333 South Miami Avenue

03092007 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.
 Suite 150

Suite, Apt. #, etc.
 Suite 150

4. FEI Number
 20-1628765

Applied For
 Not Applicable

City & State
 Miami, FL

City & State
 Miami, FL

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
 SIRLIN, DANIEL
 155 SOUTH MIAMI AVENUE, PH II-A
 MIAMI, FL 33130

7. Name and Address of New Registered Agent
 Name Sirlin, Daniel
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KRINSKY, JEFF		NAME Krinsky, Jeff	
STREET ADDRESS 155 S. MIAMI AVENUE PH. II-A		STREET ADDRESS 333 S. Miami Ave., Ste. 150	
CITY-ST-ZIP MIAMI, FL 33130		CITY-ST-ZIP Miami, FL 33130	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	
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 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: [Signature] Date: 4.27.07 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE