

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000037213

FILED  
Apr 17, 2006  
Secretary of State

**Entity Name:** PANTHER DEVELOPMENT INVESTMENTS, LLC

**Current Principal Place of Business:**

6401 CONGRESS AVENUE  
SUITE 250  
BOCA RATON, FL 33487 US

**New Principal Place of Business:**

**Current Mailing Address:**

6401 CONGRESS AVENUE  
SUITE 250  
BOCA RATON, FL 33487 US

**New Mailing Address:**

**FEI Number:** 20-2855621

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOWER, TANYA L ESQ.  
C/O TRIPP SCOTT, P.A.  
110 SE 6TH STREET, 15TH FLOOR  
FORT LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** MORENO, ALEJANDRO  
**Address:** 6401 CONGRESS AVENUE, STE. 250  
**City-St-Zip:** BOCA RATON, FL 33487 US

**Title:** MGR ( ) Delete  
**Name:** TOOMEY, MICHAEL  
**Address:** 6401 CONGRESS AVENUE, STE. 250  
**City-St-Zip:** BOCA RATON, FL 33487 US

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** ALEJANDRO MORENO

MGR

04/17/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date