## 2005 LIMITED LIABILITY COMPANY

CITY-ST-ZIP TITLE

STREET ADDRESS CATY-ST-ZIP

## FILED **ANNUAL REPORT** Apr 20, 2005 08:00 AM Secretary of State **DOCUMENT # M02000001952** 1. Entity Name PANDA PROPERTIES, LLC Principal Place of Business Mailing Address 711 S. CARSON ST STE, 4 711 S. CARSON ST STE. 4 CARSON CITY, NV 89701 CARSON CITY, NV 89701 04152005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 32-0014380 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent ABRAMS, ARTHUR DO NOT WRITE 5811 WEST 14TH STREET BRADENTON, FL 34207 IN THIS SPACE 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\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registored Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 U00000319286 04/20/05-80093-008 55.0A MANAGING MEMBERS/MANAGERS 9. TITLE MGRM ABRAMS, ARTHUR NAME STREET ADDRESS 711 S. CARSON ST STE. 4 CITY-ST-ZIP CARSON CITY, NV 89701 TITLE NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS. CITY-ST-ZIP TILE NAME STREET ADDRESS

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. April 15,2005

ARTHUR ABRAMS, Manager 941-756-5077