
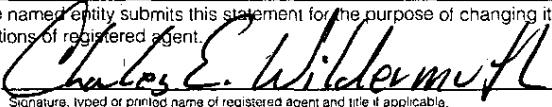
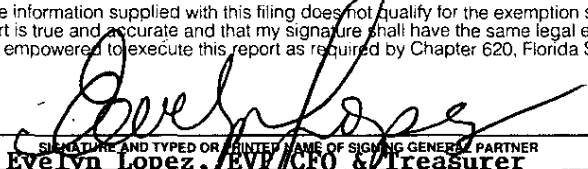


2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

APPROVED
AND
FILED

04 MAY -4 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000000618					
1. Entity Name PANTHERS HOCKEY LLLP					
Principal Place of Business ONE PANTHER PARKWAY SUNRISE FL 33328			Mailing Address ONE PANTHER PARKWAY SUNRISE FL 33328		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent BUFFY, WILLIAM ONE PANTHER PARKWAY SUNRISE FL 33328			7. Name and Address of New Registered Agent Name Charles E. Wildermuth Street Address (P.O. Box Number is Not Acceptable) 13800 N.W. 2nd Street Suite 190 City Sunrise FL Zip Code 33325		
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 4/27/04					
9. Capital Contributions as Shown on record.		\$100.00		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION					
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L01000006921		STREET ADDRESS		
NAME	PANTHERS HOCKEY LC		CITY-ST-ZIP		
STREET ADDRESS	3320 FAIRFIELD LANE				
CITY-ST-ZIP	WESTON FL 33323				
DOCUMENT #			STREET ADDRESS	700036551427	
NAME			CITY-ST-ZIP	05/18/04--01048--021 **150.00	
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: 			4/30/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Evelyn Lopez, EVE CFO & Treasurer			954-835-7612		
			Date Daytime Phone #		



MOORE CR2E003 (11/03)