

A08000000945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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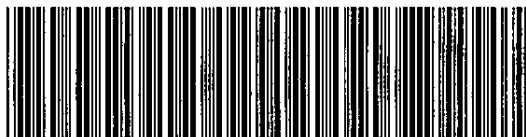
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**A. LUNT**

**JAN 22 2010**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Panther Mitigation Limited Partnership  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A08000000945

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Shirley Brunet

Contact Person

Landon Companies

Firm/Company

21 East Long Lake Road, Suite 100

Address

Bloomfield Hills

MI 48304

City, State and Zip Code

sjbrunet@landoncompanies.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHIRLEY BRUNET

Name of Contact Person

at ( 248 )

642-0190 EXT 132

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Panther Mitigation Limited Partnership  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 11/07/2008 3. A08000000945  
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Corporation Service Company

Name

1201 Hays Street

Address

Tallahassee, FL 34101

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Tom High

Name

800 Seagate Drive, Suite 302

Florida street address (P.O. Box not acceptable)

Naples

FL 34103

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

[Signature]  
Signature of General Partner

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

[Signature] 10-8-09  
Signature of Registered Agent

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50

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TALLAHASSEE, FLORIDA

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