

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**

04 FEB 11 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # A97000001326**

1. Entity Name  
**PANTHER VIEW LIMITED PARTNERSHIP**



Principal Place of Business  
**16301 PHIL RITSON WAY  
WINTER GARDEN, FL 34787**

Mailing Address  
**16301 PHIL RITSON WAY  
WINTER GARDEN, FL 34787**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01172004

Chg-LP

CR2E003 (10/03)

4. FEI Number

**59-3456298**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SADRIANNA, JAMES V  
10025 CHATHAM OAKS COURT  
ORLANDO, FL 32836-5959**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

DATE

9. Capital Contributions  
as Shown on record.

**\$700,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**\$ 700,000**

**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

DOCUMENT # **P97000053292**  
NAME **PANTHER VIEW, INC.**  
STREET ADDRESS **16301 PHIL RITSON WAY**  
CITY-ST-ZIP **WINTER GARDEN, FL 34787**

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STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

USPS 0180 5213 9073 1116 2811