2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

DOCUMENT # A9700001326

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

FILED Mar 12, 2007 08:00 AM Secretary of State



02182007 No Chg-LP

CR2E003 (12/06)

4. FEI Number Applied For S9-3456298 Not Applied be Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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| | | | | positivity | . * | |
|-------------------------------|---|--------------------------------------|---------------------------------------|--|---------------|---------------------------------------|
| | named entity submits this statement for the purpose of changing its tions of registered agent. | registered office or registered agen | t, or both, | in the State of Florida. | I am Iamiliar | with, and accept |
| SIGNATURE | Signature, typed or printed name of registered agent and title if applicable | | · · · · · · · · · · · · · · · · · · · | | DATÉ | |
| | FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$90 | 0.00 | | 00000066 03/23/07-80 | | 508.75 |
| | A GENERAL PARTNER THAT IS A BUSINESS EN NOTE: General Partners MAY NOT be changed on t | | | | | |
| 12. | GENERAL PARTNER INFORMATION | | | y , * | | |
| DOCUMENT # | P97000053292 | | | 6 · * | | |
| NAME | PANTHER VIEW, INC. | | | | | |
| STREET ADDRESS CITY+ST-ZIP | 16301 PHIL RITSON WAY | | | er gagaatert | | |
| | WINTER GARDEN, FL 34787 | | | 10 10 10 10 M | | |
| DOCUMENT # | | | | A STATE OF S | *- * | , |
| NAME | | | | | | |
| STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | 1 1 0 | | | |
| DOCUMENT # | | -} | | | • | • • • • • • • • • • • • • • • • • • • |

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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 eport as equired by Chapter 620, Florida Statutes

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

DOCUMENT #

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT /
NAME
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNE

YILIP V HMSON

3/7/07 Daytime Phone #