FILED 2008 LIMITED PARTNERSHIP ANNUAL REPORT Feb 14, 2008 08:00 AN **Due By May 1, 2008 DOCUMENT # A97000001326 Secretary of State** PANTHER VIEW LIMITED PARTNERSHIP Principal Place of Business Mailing Address 16301 PHIL RITSON WAY 16301 PHIL RITSON WAY WINTER GARDEN, FL 34787 WINTER GARDEN, FL 34787 01252008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4 FELNumber Applied Far 59-3456298 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SADRIANNA, JAMES V 10025 CHATHAM OAKS COURT ORLANDO, FL 32836-5959 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, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION 12. P97000053292 ODCUMENT # NAME PANTHER VIEW, INC. STREET ADDRESS 16301 PHIL RITSON WAY CITY-ST-ZIP WINTER GARDEN, FL 34787 000000828266 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZiP IN THIS SPACE DOCUMENT # NAME

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 report as required by Chapter 620, Florida Statutes

SIGNATURE:

STREET ADDRESS
CITY-ST-7IP
DOCUMENT #

MAME
STREET ADDRESS
CITY-S1-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

IFEG. 151 2008
Date Daytime Phone #

110 DC 1120 3 13111 GW1 19/15 9/76 -177 2663 C