

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000000948

1. Entity Name
PANTHERS RPN LIMITED



Principal Place of Business
**1901 GULF SHORE BLVD.
NAPLES, FL 34102 US**

Mailing Address
**P.O. BOX 5025
CORPORATE OFFICE
BOCA RATON, FL 33431**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01202004

Chg-LP

CR2E003 (10/03)

4. FEI Number

65-0826143

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AMERICAN INFORMATION SERVICES, INC.
ONE S.E. 3RD AVENUE, 28TH FLOOR
MIAMI, FL 33131**

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

\$41,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date

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 # **F98000002170**
NAME **PANTHERS EDGEWATER RESORT, INC.**
STREET ADDRESS **501 E. CAMINO REAL**
CITY-ST-ZIP **BOCA RATON, FL 33432**

DOCUMENT #
NAME
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CITY-ST-ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

000000140086
04/29/04 00146 022 526.25

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:

MaryJo Finocchiaro

MaryJo Finocchiaro

4/16/04

561-447-5302

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Working Phone #