



**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED

2005 MAY -2 AM 10: 22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # B04000000261</b>					
1. Entity Name PANTHER INVESTMENT ASSOCIATES III, LP					
Principal Place of Business 155 S. MIAMI AVENUE, PH 2-A MIAMI, FL 33130		Mailing Address 155 S. MIAMI AVENUE, PH 2-A MIAMI, FL 33130			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0800333	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SIRLIN, DANIEL 155 S. MIAMI AVENUE, PH 2-A MIAMI, FL 33130				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$700,120.00		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	SIRLIN, DANIEL		CITY-ST-ZIP		
STREET ADDRESS	155 S. MIAMI AVENUE, PH 2-A				
CITY-ST-ZIP	MIAMI, FL 33130				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	KRINSKY, JEFF		CITY-ST-ZIP		
STREET ADDRESS	155 S. MIAMI AVENUE, PH 2-A				
CITY-ST-ZIP	MIAMI, FL 33130				
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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: 			Jeff Krinsky 4-26-05 305-371-5455		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE



04202005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0800333 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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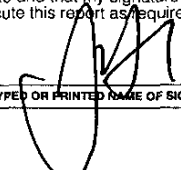
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