
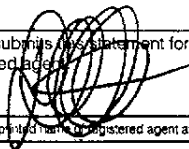

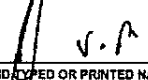



2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # B04000000261					
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 <input type="checkbox"/> 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 					
Signature, typed or printed name of registered agent and date if applicable					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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.					
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, KRINSKY, JEFF		CITY - ST - ZIP	U00000554129	
STREET ADDRESS	155 S. MIAMI AVENUE, PH 2-A			05/15/06-80075-018 500.00	
CITY - ST - ZIP	MIAMI, FL 33130				
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NAME			CITY - ST - ZIP		
STREET ADDRESS					
CITY - ST - ZIP					
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:  DATE  305-374-7015					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE