

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L02000013187 1. Entity Name PANTHER HOLLOW, L.L.C.					
Principal Place of Business 2595 HARBOR BLVD., STE. 109 PORT CHARLOTTE, FL 33952			Mailing Address % JACK O HACKETT, II-FARR, FARR, EMERICH 99 NESBIT STREET PUNTA GORDA, FL 33950		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03282006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 01-0726624				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HACKETT, JACK O II, ESQ FARR, FARR, EMERICH, SIFRIT, ET AL 99 NESBIT ST. PUNTA GORDA, FL 33950			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL Zip Code		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WATTERS, JOHN L II 1155 LIVEOAK CIRCLE PORT CHARLOTTE, FL 33948	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BENDER, JOSEPH C 4070 LEA MARIE ISLAND DRIVE PORT CHARLOTTE, FL 33952	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE <u>John L. Watters, II</u> JOHN L. WATTERS, II 4/24/06 (941) 743-7435					