2006 LIMITED LIABILITY COMPANY

Mar 23, 2006 8:00 am ANNUAL REPORT Secretary of State DOCUMENT # L02000016605 03-23-2006 90273 001 ****55.00 1. Entity Name PANTHER LAND DEVELOPMENT, LLC Principal Place of Business Mailing Address ~~eulau 11548 DELMAR AVENUE 11548 DELMAR AVENUE ORLANDO, FL 32836 ORLANDO, FL 32836 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03012006 CR2E083 (11/05) Chg-LLC City & State City & State 4. FEI Number Applied For 75-3074337 Not Applicable Zip Country Zip Country \$5:00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAUGHEY, ALAN C Street Address (P.O. Box Number is Not Acceptable) 11548 DELMAR AVENUE ORLANDO, FL 3283671 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. MER MGR TITLE **X** Addition TITLE Delete □ Change Haughey, Joan C 11548 DELMAR AVE HAUGHEY, ALAN C NAME NAME 11548 DELMAR AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32836 CITY-ST-ZIP 32836 ORLANDO, FL TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/2 Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition

FILED

☐ Change

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.

NAME

STREET ADDRESS CITY-ST-ZIP

NAME

STREET ADDRESS

Member 3/13/06