

SIGNATURE

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED **DOCUMENT #L02000016605** 1. Entity Name
PANTHER LAND DEVELOPMENT, LLC 08 OCT -6 PM 2: 28 SECRETART OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 700 W PLANT STREET 11548 DELMAR AVENUE WINTER GARDEN, FL 34787 ORLANDO, FL 32836 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Aot. #, etc. Suite, Apt. #, ptc. 03132008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 75-3074337 Not Applicable Zip Country Country Zip \$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 MNGR Street Address (P.O. Box Number is Not Acceptable) 11548 DELMAR AVENUE ORLANDO, FL 32836 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 the obligations of registered agent. SIGNATURE Spnahme, typed or priviled name of registered agent and site if applicable. (NOTE: Registored Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR Change ■ Addition NAME HAUGHEY, ALAN C NAME 11548 DELMAR AVE. STREET ADDRESS STREET ADDRESS CITY-ST- DP ORLANDO, FL 32836 CHY-ST-ZP TITLE ☐ Delete IIILE Change ☐ Addition HAUGHEY, JOAN C NAME NAME STREET ADDRESS 11548 DELMAR AVE. STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32836 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change (X) Addition MGR KALE HALE Haughey, Jeffrey STREET ADDRESS STREET ADDRESS 700 West Plant Street Winter Garden, Florida 34787 CITY-ST-ZP CITY-ST-ZIP TIFLE ☐ Delete TITLE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADORESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NALÆ MALIF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Delete TIFLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-S1-AP CITY-ST-7P 11. I hereby certify that the information supplied with this filling 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 peciever or triplatee empositored to execute this report as required by Chapter 608. Florida Statutes.

OF EIGHING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

08-25-2008 90092 019 *****50.00 L02000016605

Centerne Phone #

Date