


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 07, 2004 8:00 am
Secretary of State

06-07-2004 90504 024 ****50.00

DOCUMENT # L03000002616

1. Entity Name
PANDA LLC



Principal Place of Business
 18719 SE FEDERAL HIGHWAY
 TEQUESTA, FL 33469

Mailing Address
 18719 SE FEDERAL HIGHWAY
 TEQUESTA, FL 33469

14023375

2. Principal Place of Business
19940 MONA RD

3. Mailing Address
19940 MONA RD

Suite, Apt. #, etc.
3



06022004 Chg-LLC CR2E083 (10/03)

City & State
TEQUESTA, FL

City & State
TEQUESTA, FL

Zip
33469

Country
USA

4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PROSKE, KENNETH I
 18719 SE FEDERAL HIGHWAY
 TEQUESTA, FL 33469

7. Name and Address of New Registered Agent

Name
KENNETH I. PROSKE

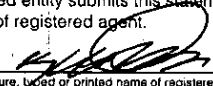
Street Address (P.O. Box Number is Not Acceptable)
19940 MONA RD # 3

City
TEQUESTA

State
FL

Zip Code
33469

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 **6-2-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

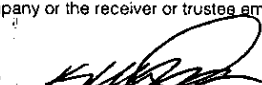
Filing Fee is \$50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PROSKE, KENNETH I 1247 ROEBUCK CT WEST PALM BEACH, FL 33469 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PROSKE, CAROL-JEAN S 910 GATEWOOD AVENUE FORT PIERCE, FL 34982 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PROSKE, JAMES G 2611 FAIRWAY DR FORT PIERCE, FL 34982 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BALLOU, DAVID C 725 PALM AVENUE # A-408 JUPITER, FL 33477 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PROSKE KENNETH I 401 ALTERNATE A1A # 40 JUPITER, FL 33477 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 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:  DATE **6-2-04** 561-746-6060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #