

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 27, 2004 8:00 am
Secretary of State

05-03-2004 90142 002 ****55.00

DOCUMENT # L03000015715 1. Entity Name CRF - PANTHER DEVELOPMENT, LLC					
Principal Place of Business 500 SOUTH FLORIDA AVENUE SUITE 700 LAKE LAND, FL 33801 US			Mailing Address 500 SOUTH FLORIDA AVENUE SUITE 700 LAKE LAND, FL 33801 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		01152004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 30-070860				Applied For Not Applicable	
5. Certificate of Status Desired ☒				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AIRTH, HAL A JR 500 SOUTH FLORIDA AVENUE SUITE 800 LAKE LAND, FL 33801				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 _____ DATE _____ 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 May 1, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGR ☐ Delete CRF MANAGEMENT CO., INC. 500 SOUTH FLORIDA AVENUE, SUITE 700 LAKE LAND, FL 33801			TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ 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 606, Florida Statutes.					
SIGNATURE <i>Kim S. Kelley</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				4/30/04 8103167-1581 Date Daytime Phone	

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Kim S. Kelley