

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-03-2004 90142 001 ****55.00

DOCUMENT # L03000028132																													
1. Entity Name CRF - PANTHER II, LLC																													
Principal Place of Business 500 SOUTH FLORIDA AVENUE, SUITE 700 LAKELAND, FL 33801			Mailing Address 500 SOUTH FLORIDA AVENUE, SUITE 700 LAKELAND, FL 33801																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
6. Name and Address of Current Registered Agent MCFARLANE, PETER A 500 SOUTH FLORIDA AVENUE, SUITE 700 LAKELAND, FL 33801			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____																													
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																										
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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 Kim S. Kelley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/04 803-647-1581
Date Daytime Phone

Kim S. Kelley