2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000028132

1. Entity Name

CRF - PANTHER II, LLC



FILED
May 02, 2006 08:00 A
Secretary of State

Principal Place of Business

Mailing Address

500 SOUTH FLORIDA AVENUE, SUITE 700 LAKELAND, FL 33801 500 SOUTH FLORIDA AVENUE, SUITE 700 LAKELAND, FL 33801



01122006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0412346

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCFARLANE, PETER A 500 SOUTH FLORIDA AVENUE, SUITE 700 LAKELAND, FL 33801

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		IN THIS SPACE
8. The above the obligat	named entity submits this statement for the purpose of changions of registered agent.	ing 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 reinstaling) DATE
Fi	iling Fee is \$50.00 ue by May 1, 2006	
g.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANCHOR INVESTMENT CORPORATION OF FLA 500 SOUTH FLORIDA AVENUE, SUITE 700 LAKELAND, FL 33801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		U00000559344 05/17/06-80135-003 55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TUTLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS		

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.

SIGNATURE SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

\$11/06

863-647-1581

Daytime Phone