

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90191 034 ****50.00

DOCUMENT # L03000035327

1. Entity Name

PREMIER-PANTHER TRACE I PARTNERS, LLC



Principal Place of Business

5130 EISENHOWER BLVD.
SUITE 280
TAMPA FL 33634
US

Mailing Address

5130 EISENHOWER BLVD.
SUITE 280
TAMPA FL 33634
US

2. Principal Place of Business

5110 Eisenhower Blvd.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite 160

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33634

Country

US

Zip

33634

Country

US

6. Name and Address of Current Registered Agent

SMITH, RONALD
5130 EISENHOWER BLVD.
SUITE 280
TAMPA FL 33634

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME PREMIER HOMES OF SOUTHWEST FLORIDA, INC.
STREET ADDRESS 5130 EISENHOWER BLVD., SUITE 280
CITY-ST-ZIP TAMPA FL 33634

TITLE MGRM ☐ Delete
NAME PANTHER TRACE I INVESTORS, LLC
STREET ADDRESS 200 S. ORANGE AVE., SUITE 1900
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

RONALD SMITH

2/6/04 813-887-5090

Date Daytime Phone #