

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 19, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000035327

1. Entity Name  
PREMIER-PANTHER TRACE I PARTNERS, LLC



Principal Place of Business  
5110 EISENHOWER BLVD.  
SUITE 160  
TAMPA, FL 33634 US

Mailing Address  
5130 EISENHOWER BLVD.  
SUITE 280  
TAMPA, FL 33634 US



07052007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
35-2216603

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by September 14, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	SMITH FAMILY HORNES CORP
STREET ADDRESS	5110 EISENHOWER BLVD #160
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	MGRM
NAME	PANTHER TRACE I INVESTORS, LLC
STREET ADDRESS	200 S. ORANGE AVE., SUITE 1900
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000763673  
07/19/07-20012-004 55.00

**DO NOT WRITE  
IN THIS SPACE**

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

7-17-07

Date

Daytime Phone #