


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000043952  
 1. Entity Name  
 PANTHER BELVEDERE, LLC



Principal Place of Business      Mailing Address  
 155 S. MIAMI AVE., PH 2-A      155 S. MIAMI AVE., PH 2-A  
 MIAMI, FL 33130      MIAMI, FL 33130

**DO NOT WRITE IN THIS SPACE**



04192005 No Chg-LLC      CR2E083 (10/03)

4. FEI Number 20-0387305	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 PANTHER MANAGEMENT SERVICES, INC.  
 155 S. MIAMI AVE., PH 2-A  
 MIAMI, FL 33130

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SIRLIN, DANIEL 155 S MIAMI AVE PH 2A MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KRINSKY, JEFF 155 S MIAMI AVE MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000344117  
 04/29/05-80123-016 50.00

**DO NOT WRITE IN THIS SPACE**

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:  Jeff Krinsky      4/25/05      305 374-5457

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #