## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 03, 2005 8:00 am Secretary of State

DOCUMENT # L0400001965  1. Entity Name CRF - PANTHER V, LLC					05-03-2005 90026 025 ****55.00				55.00
CRF - PA	ANTHER V, LLC								
Principa! Plac	ce of Business	Mailing Address				200	0400		
500 SOUTH FLORIDA AVE., SUITE 700 LAKELAND, FL 33801  500 SOUTH FLORIDA AVE., SUITE 700 LAKELAND, FL 33801			VE., SUITE 700	;					
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04262005	Chg-LLC	CR2E08	3 (10/03)	
City & State		City & State	City & State		4. FEI Numbe	603015		_ <del> </del>	plied For t Applicable
Zip	Country	Zip	Country			of Status Desired	- S	5.00 Addi	itional
	6. Name and Address of Curre	nt Registered Agent			7. Name and	Address of New	Registered Ag	jent	
MOEARI	ANE DETER A		Name						
	ANE, PETER A ER A. MCFARLANE, P.A.		Street Ac		P.O. Box Numbe	er is Not Acceptab	le)		
500 SOUT	TH FLORIDA AVE., SUITE 7	15					<u></u>		
LAKELAN	ID, FL 33801		00					7:-0-4-	
			City				FL	Zip Code	
	e named entity submits this statemer ations of registered agent.	t for the purpose of changing its	registered office	or register	ed agent, or bot	h, in the State of F	lorida. I am fa	miliar with, a	and accept
SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered as								
- 19	Signature, typed or printed name or registered as	ent and title il applicable. (NOTE	E: Registered Agent sign	ature required	when reinstating)		DATE		
	Solution typed or printed name or registered as	pent and title il applicable. (NOTI	E: Registered Agent sign	sture required	when reinstating)	Ma		vable to	
	Filing Fee 1550.00 Due by May 1, 2005	gent and title if applicable. (NOTE	E: Registered Agent sign	ature required	when reinstating)		DATE ke check pa la Departme		
	illing Fee 1 \$50.00 Due by May 1, 2005	pent and title if applicable. (NOTI	E: Registered Agent sign	ature required	when reinstating)	Floric	ke check pa		1
F	illing Fee 1 \$50.00 Due by May 1, 2005				e-	ADDITIONS	ke check parta Departments	nt of State	Addition
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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.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPEO OF PRINTED NAME OF SIGNING MANAGED MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/28/05 863-647-1581

Kim S. Kelley

CITY-ST-ZIP