## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000018674

1. Entity Name

CRF - PANTHER VIII, LLC



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

Principal Place of Business

Mailing Address

500 SOUTH FLORIDA AVE., SUITE 700 LAKELAND, FL 33801

500 SOUTH FLORIDA AVE., SUITE 700 LAKELAND, FL 33801



01122006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1287047

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 C/O PETER A. MCFARLANE, P.A. 500 SOUTH FLORIDA AVE., SUITE 700 LAKELAND, FL 33801

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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 May 1, 2006				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANCHOR INVESTMENT CORPORATION OF FLA 500 SOUTH FLORIDA AVE., SUITE 700 LAKELAND, FL 33801		U00000559351 05/17/06-80135-807 55.00 <b>DO NOT WRITE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MANAGE OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGE OF SIGNIN

TITLE
NAME
STREET ADDRESS
CITY-ST-7IP

5/1/06 86

863647-1581

Daytime Phone if