## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L04000018931  1. Entity Name CRF - PANTHER IX, LLC							05	5-03-2005	5 90026 (	)11 ****	55.00	
Principal Place of Business Mailing Address						-		-				
			OUTH FLORIDA AVENUE, SUITE 700 AND, FL 33801									
1												
2. Principal Place of Business		3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04262005	Ch	g-LLC	CR2E0	33 (10/03)		
City & State		City & State				4. FEI Numb	oer -15	8443	6	- <del></del>	plied For t Applicable	
Zip	Country	Zip	Country			5. Certificate	e of Stat	us Desired		\$5.00 Add Fee Required		
	6. Name and Address of Current F	legistered Agent		Name		7. Name an	d Addre	ss of New F	Registered A	gent		
MCFARLA	NE, PETER A			Name		<u> </u>						
C/O PETER A. MCFARLANE, P.A. 500 SOUTH FLORIDA AVENUE, SUITE 700				Street A	ddress (F	P.O. Box Numb	oer is No	ot Acceptable	е)			
LAKELAN	D, FL 33801			City						7:a Cad		
				City		FL Zip Code						
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	ed office or	r registere	ed agent, or b	oth, in th	e State of Flo	orida. I am f	amiliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registere	d Agent signati	ure required	when reinstating)			DATE			
Filling Fee is \$50.00 Due by May 1, 2005								Make check payable to Florida Department of State				
∯ Fi	ling Fee is \$50.00								-	-	e	
∯ Fi	ling Fee is \$50.00 us by May 1, 2005 MANAGING MEMBER	<del></del>	10.						a Departme	ent of State		
9.	High Fee is \$50.00 us by May 1, 2005 MANAGING MEMBER MGR	RS/MANAGERS	TITLE	<u>.</u>	MGK	oor Inv		Florid	a Departme	Channe	Addition	
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1. Thereby certify that the internation supplied with this line does not use the 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 TWEED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/39/05 863-647-1581

Kim S. Kelley