


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90049 016 \*\*\*\*50.00

DOCUMENT # L04000025957					
1. Entity Name <b>PANAMA CONDO DEVELOPMENT GROUP, LLC</b>					
Principal Place of Business <b>1 SLEIMAN PARKWAY 270 JACKSONVILLE, FL 32216</b>			Mailing Address <b>1 SLEIMAN PARKWAY 270 JACKSONVILLE, FL 32216</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>80-0103857</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SMITH, BERNARD E</b> <b>1 SLEIMAN PARKWAY</b> <b>270</b> <b>JACKSONVILLE, FL 32216</b>			Name <b>Peter D. Sleiman</b> Street Address (P.O. Box Number is Not Acceptable) <b>1 Sleiman Parkway</b> Suite <b>270</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32216</b>		
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		<b>Peter D. Sleiman</b>		<b>1/19/05</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SLEIMAN, ANTHONY T</b>		NAME		
STREET ADDRESS	<b>1 SLEIMAN PARKWAY, SUITE 270</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32216</b>		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SLEIMAN, PETER D</b>		NAME		
STREET ADDRESS	<b>1 SLEIMAN PARKWAY, SUITE 270</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32216</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:		<b>Peter D Sleiman</b>		<b>1/19/05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	