## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

**SIGNATURE** 

## Feb 07, 2005 8:00 am **Secretary of State** DOCUMENT # L04000050495 1. Entity Name 02-07-2005 90286 001 \*\*\*\*50.00 PANTHEON, LLC Principal Place of Business 3134 NORTH JOG ROAD, #1102 WEST PALM BEACH FL 33411 3134 NORTH JOG ROAD, #1102 WEST PALM BEACH FL 33411 20008299 2. Principal Place of Business 1345 LINCOLN MMCOLN 1st MOORE CR2E083 (10/04) 4. FEI Number Applied For EIN-2013393 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RIZZO, GAIL -3134 NORTH JOG ROAD, #1102 WEST PALM BEACH FL 33411 City 8. The above named entity syptifits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered SIGNATURE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. PIGRH MGRM Change TITLE ☐ Defete THILE Addition R1220, 6A1L RIZZO, GAIL STREET ADDRESS 3194 NORTH JOG ROAD: #11/20 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33411 CITY-ST-7IP Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Detete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED