

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059633

Entity Name: PANTHER WEST, LLC

FILED  
Feb 15, 2007  
Secretary of State

## Current Principal Place of Business:

1717 N BSYSHORE DR  
1555  
MIAMI, FL 33131

## New Principal Place of Business:

1717 N BSYSHORE DR  
1744  
MIAMI, FL 33131

## Current Mailing Address:

1717 N BSYSHORE DR  
1555  
MIAMI, FL 33132

## New Mailing Address:

1717 N BSYSHORE DR  
1744  
MIAMI, FL 33132

FEI Number: 20-2729783

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REGGIANI, EZEQUIEL  
1717 N BAYSHORE DR  
1555  
MIAMI, FL 33132 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: REGGIANI, EZEQUIEL  
Address: 1717 BAYSHORE DR., #1555  
City-St-Zip: MIAMI, FL 33132

Title: MGR ( ) Delete  
Name: REGGIANI, GISELLE  
Address: 1717 BAYSHORE DR., #1555  
City-St-Zip: MIAMI, FL 33132

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: REGGIANI, GISELLE  
Address: 1717 BAYSHORE DR., #1744  
City-St-Zip: MIAMI, FL 33132

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GISELLE REGGIANI

MGR

02/15/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date