

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90062 006 ****50.00

DOCUMENT # L04000067721

1. Entity Name
PANTHER DEVELOPMENT PARTNERS, L.L.C.



Principal Place of Business
**155 SOUTH MIAMI AVENUE, PH II-A
MIAMI, FL 33130**

Mailing Address
**155 SOUTH MIAMI AVENUE, PH II-A
MIAMI, FL 33130**

60044271



2. Principal Place of Business - No P.O. Box #
333 S. Miami Avenue

3. Mailing Address
333 South Miami Avenue

Suite, Apt. #, etc.
Suite 150

Suite, Apt. #, etc.
Suite 150

03092007 Chg-LLC CR2E083 (12/06)

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
20-1628765

Applied For
Not Applicable

Zip
33130

Country
USA

Zip
33130

Country
USA

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SIRLIN, DANIEL
155 SOUTH MIAMI AVENUE, PH II-A
MIAMI, FL 33130**

7. Name and Address of New Registered Agent

Name **Sirlin, Daniel**

Street Address (P.O. Box Number is Not Acceptable)
333 S. Miami Avenue

Suite 150

City
Miami

FL

Zip Code
33130

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, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KRINSKY, JEFF
155 S. MIAMI AVENUE PH. II-A
MIAMI, FL 33130** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Krinsky, Jeff
333 S. Miami Ave., Ste. 150
Miami, FL 33130** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4.27.07

Date

Daytime Phone #