2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000084262

1. Entity Name

PANTERA DEVELOPMENT GROUP, LLC



Principal Place of Business

2454 MCMULLEN BOOTH ROAD

SUITE 605

CLEARWATER, FL 33759 US

Mailing Address

2454 MCMULLEN BOOTH ROAD

SUITE 605

CLEARWATER, FL 33759 US



01-11-2008 90079 012 ***138.75



01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2035446

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CARVÉR, CHARLES H 101 EAST KENNEDY BLVD SUITE 4100 TAMPA, FL 33602			DO NOT WRITE IN THIS SPACE	
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: Registere	d Agent signature required when reinstating) DATE	
FILE After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM			
NAME	ZBELLA, EDWARD A M.D.			
STREET ADDRESS CITY-ST-ZIP	2454 MCMULLEN BOOTH ROAD, #605 CLEARWATER, FL 33759			
TITLE	MGRM		1	
NAME	FISHER, BRYAN C			
STREET ADDRESS	2454 MCMULLEN BOOTH ROAD, #605			
CITY-ST-ZIP	CLEARWATER, FL 33759]	
TITLE	MGRM	···	1	
NAME	DEBOER-MOELLER, WANDA			
STREET ADDRESS	2454 MCMULLEN BOOTH ROAD, #605		DO NOT WRITE	
CITY-ST-ZIP	CLEARWATER, FL 33759		DO NOT WKITE	
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TITLE				

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:

STREET ADDRESS CITY-ST-ZIP

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

119/08

7277967705

Daytime Phone #