



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90141 037 \*\*\*\*50.00

DOCUMENT # L04000088561					
<b>1. Entity Name</b> PANTHER KEY, LLC					
<b>Principal Place of Business</b> 3790 SAWGRASS WAY NAPLES, FL 34112			<b>Mailing Address</b> 3790 SAWGRASS WAY NAPLES, FL 34112		
<b>2. Principal Place of Business</b> 8955 FONTANA DEL SOL WAY		<b>3. Mailing Address</b> 8955 FONTANA DEL SOL WAY			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01202006 Chg-LLC CR2E083 (11/05)	
<b>City &amp; State</b> Naples, FL		<b>City &amp; State</b> Naples, FL		<b>4. FEI Number</b> 20-2111784	
<b>Zip</b> 34109		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> WOOD, DOUGLAS A 1000 NORTH TAMiami TRAIL SUITE 201 NAPLES, FL 34102			<b>7. Name and Address of New Registered Agent</b> Name: JANE E. LAMBERSON Street Address (P.O. Box Number is Not Acceptable): 8955 FONTANA DEL SOL WAY City: NAPLES FL Zip Code: 34109		
<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.</b> SIGNATURE: <u>Jane E. Lamberson</u> JANE E LAMBERSON 1/20/2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLHOUN, ERIC N 3790 SAWGRASS WAY NAPLES, FL 34112		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERMANNSSON, SVERRIR 3790 SAWGRASS WAY NAPLES, FL 34112		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u>			Date: 2/19/06 Daytime Phone #: (339) 262-0170		