# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**
**Nov 19, 2007**
**Secretary of State**

DOCUMENT# L06000069396

**Entity Name:** PANDA PARTNERS, LLC

**Current Principal Place of Business:**

832 SE CHALOUPE AVENUE
PORT ST. LUCIE, FL 34957 US

**New Principal Place of Business:**

10 N. SEWALLS POINT RD.
STUART, FL 34996 US

**Current Mailing Address:**

832 SE CHALOUPE AVENUE
PORT ST. LUCIE, FL 34957 US

**New Mailing Address:**

10 N. SEWALLS POINT RD.
STUART, FL 34996 US

**FEI Number: 20-5187701** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

HARTLEY, JAMES A
439 SE PORT ST LUCIE BLVD
115
PORT ST LUCIE, FL 34984 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: JAMES A. HARTLEY

Electronic Signature of Registered Agent — Date

**MANAGING MEMBERS/MANAGERS:**

| | | |
|---|---|---|
| Title: | P | ( ) Delete |
| Name: | ANDERSON, WILLIAM S | |
| Address: | 832 SE CHALOUPE AVENUE | |
| City-St-Zip: | PORT ST LUCIE, FL 34983 US | |
| Title: | VP | (X) Delete |
| Name: | PAYNE, KENNETH W | |
| Address: | 349 NW DEWBERRY TERRACE | |
| City-St-Zip: | JENSEN BEACH, FL 34957 US | |
| Title: | D | (X) Delete |
| Name: | PAYNE, RHONDA L | |
| Address: | 349 NW DEWBERRY TERRACE | |
| City-St-Zip: | JENSEN BEACH, FL 34957 US | |
| Title: | D | (X) Delete |
| Name: | ANDERSON, CATHERINE A | |
| Address: | 832 SE CHALOUPE AVENUE | |
| City-St-Zip: | PORT ST LUCIE, FL 34983 US | |

**ADDITIONS/CHANGES:**

| | | |
|---|---|---|
| Title: | MGRM | (X) Change ( ) Addition |
| Name: | ONE CASA CORPORATION, | |
| Address: | 10 N. SEWALLS POINT RD. | |
| City-St-Zip: | STUART, FL 34996 US | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM S. ANDERSON P 11/19/2007

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