## 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L09000071002

Entity Name: PANTHER PASSAGE CONSERVATION, LLC

FILED Feb 08, 2012 Secretary of State

Date

Current Principal Place of Business: New Principal Place of Business:

1137 NORTH LAKESHORE BLVD. LAKE WALES, FL 33853

Current Mailing Address: New Mailing Address:

49 MEADOWLAKE CIR. SO. 49 MEADOWLAKE CIR. SOUTH LAKE PLACID, FL 33852 LAKE PLACID, FL 33852

FEI Number: 27-1790940 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CORPORATION COMPANY OF MIAMI 525 OKEECHOBEE BLVD. SUITE 1100 (JAF) WEST PALM BEACH, FL 33401 US

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

## **MANAGING MEMBERS/MANAGERS:**

Title: MGR

Name: MILICEVIC, GEORGE JR.
Address: 321 8TH AVENUE EAST
City-St-Zip: LABELLE, FL 33935 US

Title: MGR

Name: GUKICH, ROBERT G Address: 1137 N. LAKESHORE BLVD. City-St-Zip: LAKE WALES, FL 33853 US

Title: MGR

Name: GUKICH, KATY M Address: 9113 S.R. 60 EAST

City-St-Zip: LAKE WALES, FL 33898 US

Title: MGR

Name: MILICEVIC, MICHAEL
Address: 49 MEADOW LAKE SOUTH
City-St-Zip: LAKE PLACID, FL 33852 US

Title: MGR

Name: GUKICH, MICHAEL R

Address: 1335 SOUTH OAKLAND STREET

City-St-Zip: AURORA, CO 80012 US

Title: MGR

Name: MILICEVIC, GARY K
Address: 2601 HELMS ROAD
City-St-Zip: LA BELLE, FL 33935 US

I hereby 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 Statues.

SIGNATURE: MICHAEL MILICEVIC MGR4 02/08/2012

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