
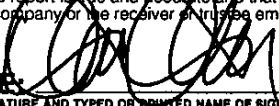


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000089645 1. Entity Name PAN AMERICAN JOINT VENTURES LLC						FILED 05 MAY -2 PM 5:13 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2300 CORAL WAY, SUITE 201 MIAMI, FL 33145		Mailing Address 2300 CORAL WAY, SUITE 201 MIAMI, FL 33145					
2. Principal Place of Business 150 Alhambra Circle Suite, Apt. #, etc. 925 City & State Coral Gables, FL Zip 33134 Country Dade		3. Mailing Address 150 Alhambra Circle Suite, Apt. #, etc. 925 City & State Coral Gables, FL Zip 33134 Country Dade		04192005 Chg-LLC CR2E083 (10/03)			
4. FEI Number 80-2091007		Applied For Not Applicable					
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent CORPORATE PROCESS SERVICES, INC. 2300 CORAL WAY, SUITE 201 MIAMI, FL 33145				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAN AMERICAN GROUP INC. 2199 PONCE DE LEON BLVD., SUITE 200 CORAL GABELS, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	150 Alhambra Circle, Suite 925 Coral Gables, FL 33134			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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	700054034267 05/08/05--01004--025 **\$5.00			
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			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 			4-28-05		305-856-0056		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #		