


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 29, 2005 8:00 am
Secretary of State

07-29-2005 90082 004 ****55.00

DOCUMENT # M99000001112							
1. Entity Name PANAMERICAN BEVERAGES COMPANY L.L.C.							
Principal Place of Business 701 WATERFORD WAY, STE. 800 MIAMI, FL 33126			Mailing Address 9737 NW 41ST STREET, PMB 310 MIAMI, FL 33178				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		06272005 Chg-LLC CR2E083 (10/03)			
Zip		Country		4. FEI Number 65-0930150			
				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			7. Name and Address of New Registered Agent				
CORP/DIRECT AGENTS 400 N. MERIDIAN ST. 515 East Park Ave. LOWER LEVEL TALLAHASSEE, FL 32301 Attn.: Ed Lary			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 September 7, 2005				Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES				
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	CORPORACION INTERAMERICANA DE BEBIDAS S.A.	NAME					
STREET ADDRESS	GUILLERMO GONZALEZ CAMARENA 600	STREET ADDRESS					
CITY-ST-ZIP	SANTA FE, MEXICO CITY, DF 01210	CITY-ST-ZIP					
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	SALAZAR, CARLOS	NAME					
STREET ADDRESS	GUILLERMO GONZALEZ CAMARENA 600	STREET ADDRESS					
CITY-ST-ZIP	SANTA FE, MEXICO CITY, DF 01210	CITY-ST-ZIP					
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	GARZA, ALFONSO	NAME					
STREET ADDRESS	GUILLERMO GONZALEZ CAMARENA 600	STREET ADDRESS					
CITY-ST-ZIP	SANTA FE, MEXICO CITY, DF 01210	CITY-ST-ZIP					
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	ALDRETE, CARLOS	NAME					
STREET ADDRESS	GUILLERMO GONZALEZ CAMARENA 600	STREET ADDRESS					
CITY-ST-ZIP	SANTA FE, MEXICO CITY, DF 01210	CITY-ST-ZIP					
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	GONZALEZ, FERNANDO	NAME					
STREET ADDRESS	GUILLERMO GONZALEZ CAMARENA 600	STREET ADDRESS					
CITY-ST-ZIP	SANTA FE, MEXICO CITY, DF 01210	CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
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 <u>MARK A. HART</u>			Date <u>6/27/05</u>		Daytime Phone # <u>305-593-5766</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE							