


## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # M99000001112</b> 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0930150	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  CORPDIRECT AGENTS 515 EAST PARK AVE ATTN: ED LARY TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name CorpDirect Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) 515 E. Park Avenue City Tallahassee FL Zip Code 32301	
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 <u>Katie Wunsch, Asst. Sec.</u> DATE <u>5/15/08</u> <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reissuing)</small>					
<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete CORPORACION INTERAMERICANA DE BEBIDAS S.A. GUILLERMO GONZALEZ CAMARENA 600 SANTA FE, MEXICO CITY, DF 01210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700129673637</b> 05/16/08--01014--001 **\$138.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete SALAZAR, CARLOS GUILLERMO GONZALEZ CAMARENA 600 SANTA FE, MEXICO CITY, DF 01210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete GARZA, ALFONSO GUILLERMO GONZALEZ CAMARENA 600 SANTA FE, MEXICO CITY, DF 01210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete ALDRETE, CARLOS GUILLERMO GONZALEZ CAMARENA 600 SANTA FE, MEXICO CITY, DF 01210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete GONZALEZ, FERNANDO GUILLERMO GONZALEZ CAMARENA 600 SANTA FE, MEXICO CITY, DF 01210	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 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.					
SIGNATURE: <u>MARK HART</u>		DATE: <u>5/15/08</u>		DAYTIME PHONE #: <u>305-593-5766</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

FILED  
 08 MAY 16 AM 10:35  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



05142008 Chg-LLC CR2E083 (12/06)

4. FEI Number 65-0930150 Applied For Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

BKL

Katie Wunsch, Asst. Sec. 5/15/08

700129673637

05/16/08--01014--001 \*\*\$138.75

SIGNATURE: MARK HART DATE: 5/15/08 DAYTIME PHONE #: 305-593-5766