

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000001112

FILED  
May 11, 2009  
Secretary of State

Entity Name: PANAMERICAN BEVERAGES COMPANY L.L.C.

**Current Principal Place of Business:**

701 WATERFORD WAY, STE. 800  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

9737 NW 41ST STREET, PMB 310  
MIAMI, FL 33178

**New Mailing Address:**

FEI Number: 65-0930150      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:**

CORPDIRECT AGENTS  
515 EAST PARK AVE  
TALLAHASSEE, FL 32301      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CORPORACION INTERAMERICANA DE BEBIDAS S.A.  
Address: GUILLERMO GONZALEZ CAMARENA 600  
City-St-Zip: SANTA FE, MEXICO CITY, DF 01210 MX

Title: MGR ( ) Delete  
Name: SALAZAR, CARLOS  
Address: GUILLERMO GONZALEZ CAMARENA 600  
City-St-Zip: SANTA FE, MEXICO CITY, DF 01210 MX

Title: MGR ( ) Delete  
Name: GARZA, ALFONSO  
Address: GUILLERMO GONZALEZ CAMARENA 600  
City-St-Zip: SANTA FE, MEXICO CITY, DF 01210 MX

Title: MGR ( ) Delete  
Name: ALDRETE, CARLOS  
Address: GUILLERMO GONZALEZ CAMARENA 600  
City-St-Zip: SANTA FE, MEXICO CITY, DF 01210 MX

Title: MGR ( ) Delete  
Name: GONZALEZ, FERNANDO  
Address: GUILLERMO GONZALEZ CAMARENA 600  
City-St-Zip: SANTA FE, MEXICO CITY, DF 01210 MX

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MARK HART

MGR

05/11/2009

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