

2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due May 1, 2004

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A01000000730**

1. Entity Name  
PAN AMERICAN WEST, LTD.



Principal Place of Business  
% LINDA LARREA, P.A.  
2300 CORAL WAY, SUITE 111  
MIAMI, FL 33145

Mailing Address  
% LINDA LARREA, P.A.  
2300 CORAL WAY, SUITE 111  
MIAMI, FL 33145



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02062004 Chg-LP CR2E003 (10/03)

4. FEI Number  
65-1107635

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DADE CORPORATE SERVICES, INC.  
2300 CORAL WAY, SUITE 103  
MIAMI, FL 33145

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 *Carlos Lopez*  
Signature typed or printed name of registered agent and title if applicable

President

4/29/04

DATE

9. Capital Contributions as Shown on record \$1,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. 1,000,000

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # L02000010475  
NAME PAN AMERICAN WEST, L.C.  
STREET ADDRESS 2199 PONCE DE LEON BLVD., SUITE 200  
CITY-ST-ZIP CORAL GABLES, FL 33134

STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

carlos Lopez cantera 4/29/04 305-854-1040

Date Daytime Phone #

STATE OF FLORIDA