


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

2005 MAY -3 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
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2. Principal Place of Business 150 Alhambra Circle Suite, Apt. #, etc. 925	3. Mailing Address 150 Alhambra Circle Suite, Apt. #, etc. 925
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City & State Coral Gables, FL	City & State Coral Gables, FL
Zip 33134	Zip 33134
Country Dade	Country Dade

04192005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-1107635	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DADE CORPORATE SERVICES, INC. 2300 CORAL WAY, SUITE 103 MIAMI, FL 33145
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 # NAME STREET ADDRESS CITY - ST - ZIP	L02000010475 PAN AMERICAN WEST, L.C. 2199 PONCE DE LEON BLVD., SUITE 200 CORAL GABLES, FL 33134	STREET ADDRESS CITY - ST - ZIP	150 Alhambra Circle, Suite 925 Coral Gables, FL 33134
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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: 	Date 4/20/05	Daytime Phone # 305-856-0054
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STAPLE CHECK HERE