

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED

2005 MAY -3 PM 2: 56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A02000000363

1. Entity Name  
**PAN AMERICAN BUSINESS PARK LIMITED**



Principal Place of Business  
**2199 PONCE DE LEON BLVD., SUITE 200**  
**CORAL GABLES, FL 33134**

Mailing Address  
**2199 PONCE DE LEON BLVD., SUITE 200**  
**CORAL GABLES, FL 33134**

2. Principal Place of Business  
**150 Alhambra Circle**  
Suite, Apt. #, etc.  
**925**

3. Mailing Address  
**150 Alhambra Circle**  
Suite, Apt. #, etc.  
**925**



04192005 Chg-LP CR2E003 (10/03)

City & State  
**Coral Gables, FL**  
Zip  
**33134**  
Country  
**Daade**

City & State  
**Coral Gables, FL**  
Zip  
**33134**  
Country  
**Daade**

4. FEI Number  
**68-0493483**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$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**

**7. Name and Address of New Registered Agent**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

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

10. Amount of Capital Contributions in FLORIDA to date.

**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**

DOCUMENT # **L02000010477**  
NAME **PAN AMERICAN NORTH PARTNERS, L.C.**  
STREET ADDRESS **2199 PONCE DE LEON BLVD., SUITE 200**  
CITY-ST-ZIP **CORAL GABLES, FL 33134**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS **150 Alhambra Circle, Suite 925**  
CITY-ST-ZIP **Coral Gables, FL 33134**

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

**100055370961**  
05/28/05--01039--017 \*\*526.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/27/05**

Date

**305-856-0056**

Daytime Phone #

STAPLE CHECK HERE