

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

<b>DOCUMENT # A02000000363</b> 1. Entity Name <b>PAN AMERICAN BUSINESS PARK LIMITED</b>	
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Principal Place of Business <b>150 ALHAMBRA CIRCLE, SUITE 925</b> <b>CORAL GABLES, FL 33134</b>	Mailing Address <b>150 ALHAMBRA CIRCLE, SUITE 925</b> <b>CORAL GABLES, FL 33134</b>
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip      Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip      Country
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6. Name and Address of Current Registered Agent <b>DADE CORPORATE SERVICES, INC.</b> <b>2300 CORAL WAY, SUITE 103</b> <b>MIAMI, FL 33145</b>	
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FILED  
 06 MAY -1 PM 2:23  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



03132006    Chg-LP    CR2E003 (11/05)

4. FEI Number <b>68-0493483</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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 #	L02000010477	STREET ADDRESS	87516
NAME	PAN AMERICAN NORTH PARTNERS, L.C.	CITY-ST-ZIP	
STREET ADDRESS	150 ALHAMBRA CIRCLE, SUITE 925		
CITY-ST-ZIP	CORAL GABLES, FL 33134		
DOCUMENT #		STREET ADDRESS	
NAME		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 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	Date <b>4-25-06</b> 305-461-0563 <small>Daytime Phone #</small>
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**CARLOS LOPEZ CANTERLA**

STAPLE CHECK HERE