

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY 16 AM 8:34

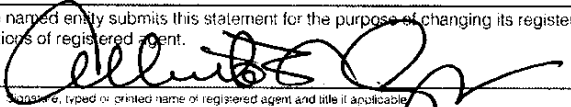
DOCUMENT # A06000001120	
1. Entity Name PAN AMERICAN GROUP HOLDINGS, LTD.	

Principal Place of Business 1911 NW 150 AVE STE 201 PEMBROKE PINES, FL 33028	Mailing Address 1911 NW 150 AVE STE 201 PEMBROKE PINES, FL 33028
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2. Principal Place of Business - No P.O. Box # 6500 Cowpen Rd #202	3. Mailing Address SAME AS business
Suite, Apt. #, etc. 202	Suite, Apt. #, etc.

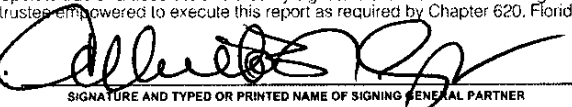
City & State Miami Lakes, FL	City & State
Zip 33014	Country USA

6. Name and Address of Current Registered Agent PETER M LOPEZ PA 1911 NW 150 AVE STE 201 PEMBROKE PINES, FL 33028	7. Name and Address of New Registered Agent Name: Aguiar, Alberto Street Address (P.O. Box Number is Not Acceptable): 6500 Cowpen Rd, #202 City: Miami Lakes FL Zip Code: 33014
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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.	DATE 4/18/08
SIGNATURE: 	

FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00	600129050836 05/12/08--01053--004 **\$500.00
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 # NAME STREET ADDRESS CITY-ST-ZIP	L06000091775 MACO INVESTMENTS, LLC 14339 COMMERCE WAY MIAMI LAKES, FL 33016	STREET ADDRESS CITY-ST-ZIP	6500 Cowpen Rd, #202 Miami Lakes, FL 33014
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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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.	SIGNATURE: 	DATE: 4/18/08	DAYTIME PHONE: 305-558-8964
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		DATE	DAYTIME PHONE #

STAPLE CHECK HERE