2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000002318

1. Entity Name
PAR-CON VENTURES, LLC

Principal Place of Business	Mailing Address
ONE S.E. THIRD AVENUE 28TH FL MIAMI, FL 33131	C/O L. FRANK CORDERO ONE S.E. THIRD AVENUE, 28TH FL MIAMI, FL 33131

2. Principal Place of Business	3. Mailing Address	
c/o Universal Financial Group	c/o Universal Financial Group	02212005 Chg-LLC CR2E083 (10/03)
Suite, Apt. #, etc. 13320 SW 1 St.	Suite, Apt. #, etc. 13320 SW 1 St	
City & State Miami, Fl	City & State Miami, Fl	4. FEI Number 65-1073466 — Applied For / Not Applicable
Zip 33184	Country	Zip 33184	Country	5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AMERICAN INFORMATION SERVICES, INC. ONE S.E. THIRD AVE, 28TH FL MIAMI, FL 33131	Name Juan Carlos Gomez
	Street Address (P.O. Box Number is Not Acceptable) 13320 SW 1 ST
	City Miami FL Zip Code 33184

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.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee Is $50.00 Due by May 1, 2005		**Make check payable to Florida Department of State**

9.	MANAGING MEMBERS / MANAGERS	10.	ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOMEZ, JUAN CARLOS ONE S.E. THIRD AVE., 28TH FLOOR MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Gomez, Juan Carlos 13320 SW 1 St Miami, Fl 33184	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOMEZ, LUIS ONE S.E. THIRD AVE., 28TH FLOOR MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Gomez, Luis 13320 SW 1 St Miami, Fl 33184	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ✓ _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #