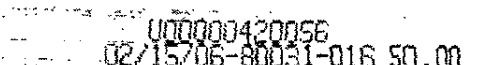


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000010134		
1. Entity Name PANAMA PROPERTIES, L.L.C.		
Principal Place of Business 2033 MAIN STREET SUITE 405 SARASOTA, FL 34237	Mailing Address 2033 MAIN STREET SUITE 405 SARASOTA, FL 34237	 01302006 No Chg-LLC CR2E083 (11/05) 4. FEI Number 38-3551636 5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required Applied For Not Applicable
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CECILIA REDDING BOYD, ESQ. C/O BRYANT & HIGBY, CHARTERED 833 HARRISON AVENUE PANAMA CITY, FL 32401		
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, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WESTMAN, RONALD F 4425 THOMAS DR, PH-5 PANAMA CITY BEACH, FL 32408	 000000420056 02/15/06-80031-016 50.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WILSON, DONALD L 54892 SUNSET DR DOWAGIAC, MI 48047	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
11. 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 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: <u>Don L Wilson</u> <u>Don L Wilson, Manager</u> <u>1/30/06</u> <u>269-473-1221</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		