


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000010134 1. Entity Name PANAMA PROPERTIES, L.L.C.	
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Principal Place of Business 2033 MAIN STREET SUITE 405 SARASOTA, FL 34237	Mailing Address 2033 MAIN STREET SUITE 405 SARASOTA, FL 34237
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01222007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-3551636	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CECILIA REDDING BOYD, ESQ. C/O BRYANT & HIGBY, CHARTERED 833 HARRISON AVENUE PANAMA CITY, FL 32401

DO NOT WRITE IN THIS SPACE

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. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000608064
01/31/07-80061-025 50.00

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILSON, DONALD L 54892 SUNSET DR DOWAGIAC, MI 49047
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Donald L. Wilson, Mgr DONALD L. WILSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/22/07 269-413-1221
Date Daytime Phone #