


**2003 LIMITED LIABILITY COMPANY  
 UNIFORM BUSINESS REPORT (UBR)**

30066667

<b>DOCUMENT # L01000000947</b>		
1. Entity Name <b>DON PAN KENDALL, L.C.</b>		
Principal Place of Business 2043 N.W. 87TH AVENUE MIAMI, FL 33172		Mailing Address 2043 N.W. 87TH AVENUE MIAMI, FL 33172
2. Principal Place of Business <b>7702 N Kendall Dr.</b>		3. Mailing Address <b>2330 NW 102 Ave.</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b># 1</b>
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>
Zip <b>33156</b>	Country <b>Dade</b>	Zip <b>33172</b> Country <b>Dade</b>
4. FEI Number <b>65-1095123</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>GORRIN, ACEBANDRA 10574 NW 61ST MIAMI, FL 33178</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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 <u><i>Alexandra C Gorrin</i></u> <b>Alexandra C Gorrin</b> <u>03-19-03</u> <small>Signature, typed or printed name of registered agent and date of filing. NOTE: Registered Agent's signed required when submitting.</small>		
<b>FILED</b>		
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ALEJANDRA CAROLINA GORRIN 10574 NW 61ST MIAMI, FL 33178</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		<b>Manager Gorrin, Alejandra C. 10574 NW 61ST Miami, FL 33178</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>Manager Avila, Rodrigo 256 Tulip Circle Weston, FL 33327</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(x), 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 808, Florida Statutes.		
SIGNATURE: <u><i>Alexandra C Gorrin</i></u> <b>ALEXANDRA GORRIN</b>		<u>03-19/03</u> <b>(305) 463-839</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small> <small>Office Phone #</small>

CHAPTER 808 (11/02)