




FILED

03 NOV -6 AM 8:00


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AmENDED

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

DOCUMENT # L01000000947			
1. Entity Name DON PAN KENDALL, L.C.			
Principal Place of Business 7702 N KENDALL DR MIAMI, FL 33156		Mailing Address 2330 N.W. 102ND AVENUE MIAMI, FL 33172	
2. Principal Place of Business		3. Mailing Address 7702 N Kendall Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State MIAMI FL	
Zip	Country	Zip	Country
33156		33156	US
4. FEI Number 65-1095123		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GORRIN, ACESANDRA 10674 NW 51ST MIAMI, FL 33178		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		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: _____ DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's Signature should not be missing)</small>			
			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ALEJANDRA CAROLINA GORRIN 10674 NW 51ST MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	MGR RODRIGO, AVILA 856 TULIP CIR WESTON, FL 33327 <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input 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(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: 		Date: 10/28/03 (305) 818-0820	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

100024890034
11/21/03-111113--001 **\$1.25



CHECK HERE IF MAKING CHANGES

CR2E083 (10/02)

dec