

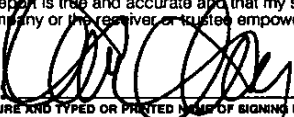


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L02000010475</b> 1. Entity Name <b>PAN AMERICAN WEST, L.C.</b>						<b>FILED</b> <b>05 MAY -2 PM 4:55</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>2199 PONCE DE LEON BLVD.</b> <b>SUITE 200</b> <b>MIAMI, FL 33134</b>				Mailing Address <b>2199 PONCE DE LEON BLVD.</b> <b>SUITE 200</b> <b>MIAMI, FL 33134</b>			
2. Principal Place of Business <b>150 Alhambra Circle</b> Suite, Apt. #, etc. <b>925</b>		3. Mailing Address <b>150 Alhambra Circle</b> Suite, Apt. #, etc. <b>925</b>					
City & State <b>Coral Gables, FL</b>		City & State <b>Coral Gables, FL</b>		4. FEI Number <b>06-1642417</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33134</b>		Country <b>Doce</b>		Zip <b>33134</b>		Country <b>Doce</b>	
6. Name and Address of Current Registered Agent  <b>DADE CORPORATE SERVICES, INC.</b> <b>2300 CORAL WAY SUITE 103</b> <b>MIAMI, FL 33145</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>				<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>			
TITLE <b>MGRM</b>	NAME <b>LOPEZ-CANTERA, CARLOS C</b>			<input type="checkbox"/> Delete			
STREET ADDRESS <b>2199 PONCE DE LEON BLVD.</b>	CITY-ST-ZIP <b>MIAMI, FL 33134</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <b>NAME</b>	STREET ADDRESS <b>150 Alhambra Circle, Suite 925</b>			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
CITY-ST-ZIP <b>Coral Gables, FL 33134</b>	CITY-ST-ZIP <b>33134</b>			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <b>NAME</b>	STREET ADDRESS <b>200054033222</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
CITY-ST-ZIP <b>05/03/05--01004--017</b>	CITY-ST-ZIP <b>**55.00</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <b>NAME</b>	STREET ADDRESS <b>NAME</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
CITY-ST-ZIP <b>NAME</b>	CITY-ST-ZIP <b>NAME</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <b>NAME</b>	STREET ADDRESS <b>NAME</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
CITY-ST-ZIP <b>NAME</b>	CITY-ST-ZIP <b>NAME</b>			<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.							
<b>SIGNATURE</b> 				Date <b>4/27/05</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone # <b>305-856-0056</b>			