## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000010477  1. Entity Name PAN AMERICAN NORTH PARTNERS, L.C.					FILED 06 MAY -1 PM 2:31	
Principal Place	of Business	Mailing Address	L			
150 ALHAMB	ra circle	150 ALHAMBRA CIRCLE			SECRETARY OF STATE TALLAHASSEE, ELORIDA	
SUITE 925 Coral Gables, FL 33134		SUITE 925			ALCANASSE, ELGIDA	
CORAL GABLI	:5, FL 33134	CORAL GABLES, FL 33	134		A (BENIEM BI) ABNIK MEN ENM BENIN ENM ANTEN MEN BENIN GROK HERM KEREN MEN HERF	
2. Principal P	ace of Business	3. Mailing Address				
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			03132006 Chg-LLC CR2E083 (11/05)	
City & State		City & State			4. FEI Number Applied For 05-0525426 Not Applicabl	
Zip	Country	Zip	Country		5. Certificate of Status Desired \$5.00 Additional Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent	
W. Hamb and Madicas of Californ Hogister of Madic				Name		
DADE CORPORATE SERVICES, INC.					700 D. V. J. V.	
2300 COR			Street A	Street Address (P.O. Box Number is Not Acceptable)		
SUITE 103 MIAMI, FL					·	
			City		FL Zip Code	
8. The above	named entity submits this statement for	or the purpose of changing its	registered office or	registered	ed agent, or both, in the State of Florida. I am familiar with, and accept	
the obligati	ons of registered agent.		_	•	-	
SIGNATURE						
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signatu	re required wh	when reinstating) DATE	
Fii Du	ilng Fee is \$50.00 ie by May 1, 2006	,			Make check payable to Fiorida Department of State	
9.	MANAGING MEMBI	RS/MANAGERS	10.		ADDITIONS/CHANGES	
TITLE	MGRM	☐ Defete	TITLE		☐ Change ☐ Addition	
NAME	LOPEZ-CANTERA, CARLOS C		NAMÉ		,	
STREET ADDRESS CITY-ST-ZIP	150 ALHAMBRA CIRCLE, SUITI	≣ 925	STREET ADDRESS	19:	ડ( ૫	
	CORAL GABLES, FL 33134		CITY-\$T-ZIP	<i>₩</i> .		
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NAME			NAME		· -	
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CITY-ST-ZIP	<del></del>	Α	CITY-ST-ZIP			
11. I hereby c	ertify that the information supplied wit	this filing does not qualify for	the exemptions co	ntained in	n Chapter 119, Florida Statutes, I further certify that the information	
limited lial	pility company or typreceiver or truste	elegicowered to execute this r	eport as required t	y Chapter	ade under oath; that I am a managing member or manager of the er 608, Florida Statutes.	
	/ / <b>///// /</b> /	WM 1	1	1	Annual and an arrangement	
CICNIAT	IIDEX /////// Y	CARLO	s LOPEZO	AUT	ELA 475-06 305-461-0563	
SIGNAT	UKE1					