


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90074 040 ****55.00

DOCUMENT # L02000034271 1. Entity Name FERRELL SCHULTZ CARTER & FERTEL - PANAMA, LLC					
Principal Place of Business 201 S. BISCAYNE BLVD. 34TH FLOOR MIAMI, FL 33131 US			Mailing Address 201 S. BISCAYNE BLVD. 34TH FLOOR MIAMI, FL 33131 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FERRELL GROUP CORPORATE SERVICES, L.L.C. 201 S. BISCAYNE BLVD. 34TH FLOOR MIAMI, FL 33131				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	Managing member <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERRELL SCHULTZ CARTER ZUMPAÑO & FERTEL PA		NAME		
STREET ADDRESS	201 S. BISCAYNE BLVD., 34TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Milton M. Ferrell, Jr.	
STREET ADDRESS			STREET ADDRESS	201 S. Biscayne Blvd., 34th Floor	
CITY-ST-ZIP			CITY-ST-ZIP	Miami, FL 33131	
TITLE	<input type="checkbox"/> Delete		TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Mayra C. Da Castiglione	
STREET ADDRESS			STREET ADDRESS	201 S. Biscayne Blvd., 34th Floor	
CITY-ST-ZIP			CITY-ST-ZIP	Miami, FL 33131	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Mayra C. Da Castiglione</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4/21/04 365-371-8585 <small>Date Daytime Phone #</small>		

24060932



04082004 Chg-LLC CR2E083 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

**FERRELL GROUP CORPORATE SERVICES, L.L.C.
201 S. BISCAYNE BLVD.
34TH FLOOR
MIAMI, FL 33131**

Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGR <input type="checkbox"/> Delete	TITLE	Managing member <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRELL SCHULTZ CARTER ZUMPAÑO & FERTEL PA	NAME	
STREET ADDRESS	201 S. BISCAYNE BLVD., 34TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Milton M. Ferrell, Jr.
STREET ADDRESS		STREET ADDRESS	201 S. Biscayne Blvd., 34th Floor
CITY-ST-ZIP		CITY-ST-ZIP	Miami, FL 33131
TITLE	<input type="checkbox"/> Delete	TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Mayra C. Da Castiglione
STREET ADDRESS		STREET ADDRESS	201 S. Biscayne Blvd., 34th Floor
CITY-ST-ZIP		CITY-ST-ZIP	Miami, FL 33131
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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SIGNATURE: *Mayra C. Da Castiglione* **4/21/04** **365-371-8585**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #