## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000034271

1. Entity Name

Ferrell Schultz Carter Zumpano & Fertel - Panama, L.L.C.



## FILED Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90252 006 \*\*\*\*55.00

Panai	ma, L.L.C.	· · ·		9611	<b></b>	กกก์กสา		
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Principal Place of Business     Biscayne Blvd.		3. Mailing Address 201 S. Biscayne E	201 S. Biscayne Blvd.					
Suite, Apt. #, etc. 34th Floor		Suite, Apt. #, etc. 34th Floor	34th Floor		DO NOT WRITE IN THIS SPACE			
City & State <b>Miami</b>		City & State <b>Miami</b>			4. FEI Number			Applied For Not Applicable
Zip 33131	Country USA	Zip 33131	Country USA	26	5. Certificate o	f Status Desired		5.00 Additional see Required
			27 at N	lame		idress of Current		
DO NOT WRITE				renei	ell Group Corporate Services, L.L.C.			
** ***********************************	od odd of the odd of		S	Street Address	(P.O. Box Number	is Not Acceptable	e) 	
IN THIS SPACE			2	01 S. Bisc	ayne Blvd., 3	4th Floor		
			C	Miami			FL	Zip Code 33131
	named entity submits this statem ions of registered agent.	ent for the purpose of changing its	registered o	office or registe	red agent, or both	, in the State of Flo	orida. I am fa	
SIGNATURE .	Signature, typed or printed name of registered	agent and title if applicable.			· · · · · · · · · · · · · · · · · · ·		DATE	
		Make Check Payab	EE IS \$50 le to Florid UE BY M	da Departme	ent of State			
9.	MANAGING M	EMBERS/MANAGERS	TITLE			***	<del></del>	
NAME STREET ADDRESS CITY-ST-2IP	Manager: Ferrell Schultz Carter Zumpano & Fertel, P.A., 201 S. Biscayne Blvd., 34th Floor Miami, FL 33131			DDRESS ZIP	**************************************		· · · · · · · · · · · · · · · · · · ·	
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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: MOYA C. WALLSTIGLOOD
SIGNATURE AND TYPED OF RENING TO MAKE OF RENING TO MAKE THE MAKE OF AUTHORIZED PEPEEE HATTLE

4-15-03

302-371-8282

Date

Daytime Priorie #