

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000002941**

1. Entity Name  
**PAN PROPERTIES LLC**



Principal Place of Business  
**3805 S. DIXIE HWY  
WEST PALM BEACH, FL 33405 US**

Mailing Address  
**3805 S. DIXIE HWY  
WEST PALM BEACH, FL 33405 US**



01062005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>33-1040633</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**NICHOLAS, MICHAEL  
3805 S. DIXIE HWY  
WEST PALM BEACH, FL 33405**

**DO NOT WRITE  
IN THIS SPACE**

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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NICHOLAS, MARYLOU 3805 S. DIXIE HWY WEST PALM BEACH, FL 33405
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NICHOLAS, MICHAEL 3805 S. DIXIE HWY WEST PALM BEACH, FL 33405
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PECKNER, AUDREY 3729 S. DIXIE HWY WEST PALM BEACH, FL 33405
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PECKNER, STUART 3729 S. DIXIE HWY WEST PALM BEACH, FL 33405
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/16/05-80072-002 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**4-11-2005**

Date

Daytime Phone #

**561  
7621454**