


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000019276 1. Entity Name PANAMERICARESOURCES, LLC	
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Principal Place of Business 2301 PARK AVE, STE 404 ORANGE PARK, FL 32073	Mailing Address 2301 PARK AVE, STE 404 ORANGE PARK, FL 32073
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DO NOT WRITE IN THIS SPACE



01222007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 01-0858404	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FULLER, BARRY J 2301 PARK AVE, STE 404 ORANGE PARK, FL 32073

**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, 2007**

U00000608029
01/31/07-80061-005 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FULLER, BARRY J 2301 PARK AVE, STE 404 ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FULLER, JULIET 2301 PARK AVE, STE 404 ORANGE PARK, FL 32073
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: L
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/20/07 904-264-0585
Date Daytime Phone #