

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000038723**

1. Entity Name

THE PAN AMERICAN FUND, LLC



Principal Place of Business

130 S UNIVERSITY DR, SUITE B  
PLANTATION, FL 33324

Mailing Address

130 S UNIVERSITY DR, SUITE B  
PLANTATION, FL 33324



01042007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

26-0127354

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MAYER, THOMAS  
130 S. UNIVERSITY DR  
SUITE B  
PLANTATION, FL 33324

**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**

U000000602797  
01/26/07-80102-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MAYER, THOMAS
STREET ADDRESS	130 S. UNIVERSITY DRD SUITE B
CITY- ST- ZIP	PLANTATION, FL 33324

TITLE	MGR
NAME	WOOD, DALE
STREET ADDRESS	130 S. UNIVERSITY DR SUITE B
CITY- ST- ZIP	PLANTATION, FL 33324

TITLE	
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CITY- ST- ZIP	

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NAME	
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CITY- ST- ZIP	

**DO NOT WRITE  
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:** \_\_\_\_\_

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

Date

Daytime Phone #

1/9/07

954 370-0600