


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-01-2006 90221 021 ****50.00

DOCUMENT # L05000044210					
1. Entity Name PAMPAS PROPERTIES, LLC					
Principal Place of Business 3325 SOUTH UNIVERSITY DRIVE 110 DAVIE, FL 33328 US			Mailing Address 3325 SOUTH UNIVERSITY DRIVE 110 DAVIE, FL 33328 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02202006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 202787463				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WINOCUR, RICARDO 3325 SOUTH UNIVERSITY DRIVE 110 DAVIE, FL 33328			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$80.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM TRIPLE NET, INC. 3325 S. UNIVERSITY DRIVE, SUITE 110 DAVIE, FL 33328		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM GOMEZ, PEDRO AGUSTIN 3900 GALT OCEAN MILE, APT. # 608 FT. LAUDERDALE, FL 33308		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>RICARDO WINOCUR</i> TRIPLE NET INC RICARDO WINOCUR FEB 20 '06 954.475.7750					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					



ATTACHMENT

30002600

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2006

PAMPAS PROPERTIES, LLC
3325 SOUTH UNIVERSITY DRIVE
110
DAVIE, FL 33328 US

Subject: PAMPAS PROPERTIES, LLC

Reference Number:

L05000044210

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/rm

ANNUAL REPORTS SECTION

ATTACHMENT
30002600
#1050000044210

Pampas Properties, LLC

3325 South University Drive Suite 110 Davie Florida 33328
(954) 475-7750 Office (954) 475-1411 Fax

March 13, 2006

Via Fax: regular mail

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, Fl. 32314


RE: 2006 Limited Liability Company Annual Report

To Whom It May Concern:

I am sending you the completed annual report since the first time we submitted this form we omitted the Federal ID number of the Limited Liability Company. As per your March 3, 2006 we have already paid the corresponding \$50 fee.

Thank you for your assistance.

Sincerely,


Ricardo Winocur

Enclosure: Corrected Annual Report
Florida Department of State letter of March 3, 2006

cc: file