

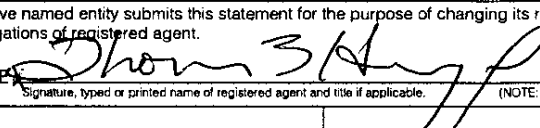
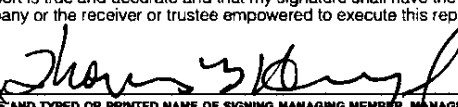


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90070 030 ****50.00

DOCUMENT # L05000077286 1. Entity Name PANAMA INVESTMENT GROUP, LLC					
Principal Place of Business 12889 EMERALD COAST PARKWAY SUITE 111-A DESTIN, FL 32550			Mailing Address 12889 EMERALD COAST PARKWAY SUITE 111-A DESTIN, FL 32550		
2. Principal Place of Business - No P.O. Box # 16910 ECR 30-A		3. Mailing Address 16910 E. CR 30-A			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		01102007 Chg-LLC CR2E083 (12/06)	
City & State Prominence FL		City & State Prominence FL		4. FEI Number 20-3265702	
Zip 32413		Country USA		Applied For Not Applicable	
Zip 32413		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HENRY, THOMAS B JR. 12889 EMERALD COAST PARKWAY SUITE 111-A DESTIN, FL 32550			7. Name and Address of New Registered Agent Name Henry, Thomas B Jr Street Address (P.O. Box Number is Not Acceptable) 16910 ECR 30-A City Prominence FL Zip Code 32413		
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 reinstating) DATE: _____					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HENRY, THOMAS B JR. 12889 EMERALD COAST PARKWAY, SUITE 111-A DESTIN, FL 32550	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Henry, Thomas B Jr. 16910 E CR 30-A Prominence FL 32413
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<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: 				850-231-7942	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	