

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000079197

1. Entity Name
PANAS, L.L.C.



Principal Place of Business
3850 S.W. 87TH AVENUE, SUITE 306
MIAMI, FL 33165

Mailing Address
3850 S.W. 87TH AVENUE, SUITE 306
MIAMI, FL 33165

2. Principal Place of Business
7372 N.W. 35 TER

3. Mailing Address
3850 S.W. 87 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

306-A

City & State

MIAMI FLORIDA

City & State

MIAMI, FLORIDA

Zip

33122

Country

U.S.A.

Zip

33165

Country

U.S.A.

05082006 Chg-LLC CR2E083 (11/05)



4. FEI Number

11-3757205

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, JOSE M
3850 S.W. 87TH AVENUE, SUITE 306
MIAMI, FL 33165

7. Name and Address of New Registered Agent

Name FERNANDEZ, JOSE M

Street Address (P.O. Box Number is Not Acceptable)

3850 S.W. 87 Ave SUITE 306-A

City MIAMI

FL

Zip Code 33165

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)

05/08/06

DATE

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER FERNANDEZ, JOSE M 3850 S.W. 87 Ave SUITE 306-A MIAMI, FL 33165	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER CASTELLON, HECTOR I 3850 S.W. 87 Ave SUITE 306-A MIAMI, FL 33165	<input type="checkbox"/> Change <input checked="" 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:

Jose M. Fernandez

05/08/06 305-227-7366

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

Date

Daytime Phone #