

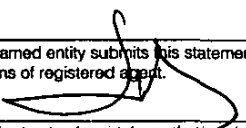
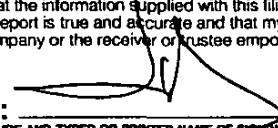


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90242 028 ****50.00

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		 05082006 Chg-LLC CR2E083 (11/05)	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 306-A			
City & State MIAMI FLORIDA		City & State MIAMI, FLORIDA			
Zip 33122		Zip 33165			
Country U.S.A.		Country U.S.A.		4. FEI Number 11-3757205	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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  Jose M. Fernandez DATE 05/08/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	<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 checked="" type="checkbox"/> Addition	
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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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SERVING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE 05/08/06 DAYTIME PHONE # 305-227-7366		