


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90207 047 \*\*\*150.00

DOCUMENT # L05000083672					
1. Entity Name <b>PANAMA CITY 7727 LLC</b>					
Principal Place of Business <b>800 WEST 44TH COURT MIAMI BEACH, FL 33140</b>			Mailing Address <b>800 WEST 44TH COURT MIAMI BEACH, FL 33140</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>Abe Franco</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>1600 N.W. 165th ST.</b>			
City & State		City & State <b>N. Miami Beach, FL</b>			
Zip	Country	Zip	Country	4. FEI Number <b>APPLIED FOR</b>	
<b>33169</b>	<b>USA</b>	<b>33169</b>	<b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>FRANCO, ABE</b> <b>800 WEST 44TH COURT</b> <b>MIAMI BEACH, FL 33140</b>			Name <b>Abe Franco</b> Street Address (P.O. Box Number is Not Acceptable) <b>1600 N.W. 165th ST.</b> City <b>North Miami Beach, FL</b> <b>FL</b> Zip Code <b>33169</b>		
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 <u><b>Abe Franco</b></u> <u><b>Abe Franco</b></u> <u><b>2/20/07</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>FRANCO, ABE</b> <b>800 WEST 44TH COURT</b> <b>MIAMI BEACH, FL 33140</b>	<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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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: <u><b>Abe Franco</b></u> <u><b>Abe Franco</b></u> <u><b>2/20/07</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					