

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000107612

**FILED**  
**Jul 10, 2006**  
**Secretary of State**

**Entity Name:** PANORAMA GOLDEN GLADES HOLDINGS I, LLC

**Current Principal Place of Business:**

2600 DOUGLAS ROAD  
SUITE 309  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2600 DOUGLAS ROAD  
SUITE 309  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

PANORAMA GOLDEN GLADES CAPITAL, LLC  
2600 DOUGLAS ROAD  
SUITE 309  
CORAL GABLES, FL 33134 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PANORAMA GOLDEN GLAD, ES CAPITAL, LL C  
Address: 2600 DOUGLAS ROAD, SUITE 309  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: YGNACIO L. GARCIA-SALADRIGAS

MGR

07/10/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date