

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 APR 23 PM 4:09

CLERK OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L06000011708

1. Entity Name  
PAN AMERICAN EQUITY PARTNERS I, LLC



Principal Place of Business  
150 ALHAMBRA CIR.  
SUITE 925  
CORAL GABLES, FL 33134

Mailing Address  
150 ALHAMBRA CIR.  
SUITE 925  
CORAL GABLES, FL 33134

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03252007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
20-4249710

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LARREA & ORTEGA  
150 ALHAMBRA CIR.  
SUITE 925  
CORAL GABLES, FL 33134

Name  
DADE CORPORATE SERVICES, INC  
Street Address (P.O. Box Number is Not Acceptable)  
2300 CORAL WAY  
SUITE 200  
City  
MIAMI FL Zip Code  
33145

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

*Vivian Williams*

VIVIAN WILLIAMS

4/11/07

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  
SINAI, JOSE  
150 ALHAMBRA CIR.  
CORAL GABLES, FL 33134 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
300099199058  
04/27/07--01002--010 \*\*\*55.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 Sinai*

4/11/07

305 496 6943

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

Date

Daytime Phone #

JOSE SINAI, MGR