2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

May 01, 2007 8:00 am Secretary of State **DOCUMENT # L06000038731** 05-01-2007 90323 042 ****55.00 PAN OCEAN USA, LLC Principal Place of Business Mailing Address 7116 CANTRELL COURT 7116 CANTRELL COURT ORLANDO, FL 32835 ORLANDO, FL 32835 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 7380 SAND LAKE ROAD 7380 SAND LAKE ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. 04302007 Chq-LLC CR2E083 (12/06) SUITE 500 SUITE 500 City & State City & State 4. FEI Number Applied For ORLANDO FL ORLANDO 20-491489 Not Applicable Country 5 Zip Country Ζiρ \$5.00 Additional 5. Certificate of Status Desired 32819 32819 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MIGUEL LiM. MIGUEL A (P.O. Box Number is Not Acceptable) ORT AUGUSTINE CIRCLE 311 LIGHTHOUSE COVE COURT APT. 103 OCOEE, FL 34761 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, typed or printed name (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Make check payable to Due by May 1, 2007 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE MGRM Change ☐ Addition LIM GARRETT NAME UM, GARRETT NAME 7380 SAND LAKE ROAD , SUITE 500 801 INTERNATIONAL PARKWAY, 5TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-7/P LAKE MARY, FL 32746 CITY-ST-ZIP ORLANDO MGRM TITLE ☐ Delete TITLE NAME LEOW, DESMOND NAME STREET ADDRESS 220 PANDAN LOOP STREET ADDRESS CITY-ST-ZIP SINGAPORE, SG 128409 CITY-ST-7IP MGRM ☐ Delete TITLE ☐ Addition MARM LIM, MARCO A. LIM, MARCO A NAME STREET ADDRESS 1024 VIA TIVOLI COURT 7116 CANTRELL COURT STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32835 CITY-ST-ZIP WINDERMERE FL 34786 TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Addition ПΠЕ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does per 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 frustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

FILED