

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000057941

FILED
Feb 04, 2007
Secretary of State

Entity Name: PAN TECHNOLOGIES LLC

Current Principal Place of Business:

1018 THOMASVILLE RD
SUITE 101
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

9375 NW 49 PL
SUNRISE, FL 33351

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STARFISH NETWORKS INC.
1018 THOMASVILLE RD
SUITE 101
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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: MGRM () Delete
Name: RAMON, APOLINAR
Address: 9375 NW 49 PL
City-St-Zip: SUNRISE, FL 33351

Title: MGRM () Delete
Name: RAMON, ELIZABETH
Address: 9375 NW 49 PL
City-St-Zip: SUNRISE, FL 33351

Title: MGR () Delete
Name: ZAJDEL, JAMES R
Address: 1018 THOMASVILLE RD, SUITE 101
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: ZAJDEL, JAMES R
Address: 1018 THOMASVILLE RD, SUITE 101
City-St-Zip: TALLAHASSEE, FL 32303

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: APOLINAR RAMON

MGRM

02/04/2007

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