

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000074801

1. Entity Name
INVERSIONES PAP, LLC



Principal Place of Business
1200 BRICKELL AVE. SUITE 860
MIAMI, FL 33131

Mailing Address
1200 BRICKELL AVE. SUITE 860
MIAMI, FL 33131

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

01182007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-5935083

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LOPEZ, PETER M
1200 BRICKELL AVE. SUITE 860
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name Peter M. Lopez, Esq.

Street Address (P.O. Box Number is Not Acceptable)
1911 NW 150 Ave, Ste 201

City Pembroke Pines

FL

Zip Code 33028

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/07

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 MGR
NAME D'ASARO, PISTRO RUSSO
STREET ADDRESS 1200 BRICKELL AVE. SUITE 860
CITY-ST-ZIP MIAMI, FL 33131 ☐ Delete

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

TITLE MGR
NAME RUSSO, ANGELO
STREET ADDRESS 1200 BRICKELL AVE. SUITE 860
CITY-ST-ZIP MIAMI, FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
000087492770
02/06/07--01009--017 **750.00

TITLE MGR
NAME RUSSO, GIUSEPPE
STREET ADDRESS 1200 BRICKELL AVE. SUITE 860
CITY-ST-ZIP MIAMI, FL 33131 ☐ 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
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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

K. Eckel JAN 31 2007

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:

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

Date

Daytime Phone #

1-22-07