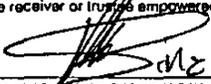


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

5 **FILED**  
**Jun 26, 2008 8:00 am**  
**Secretary of State**

05-16-2008 90186 014 \*\*\*138.75

<b>DOCUMENT # L07000053784</b>				
1. Entity Name PANAMA MOB INVESTORS LLC				
Principal Place of Business 11360 JOG ROAD SUITE 200 PALM BEACH GARDENS, FL 33418 US		Mailing Address 11360 JOG ROAD SUITE 200 PALM BEACH GARDENS, FL 33418 US		
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	4. FEI Number <b>33-1166090</b> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		01072008 Chg-LLC CR2E083 (12/06)		
5. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
PIERCE, THOMAS K ESQ. 11360 JOG ROAD SUITE 200 PALM BEACH GARDENS, FL 33418			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____				
<b>FILE NOW!!! FEE IS \$138.75</b>				<b>Make check payable to Florida Department of State</b>
<b>After May 1, 2008 Fee will be \$538.75</b>				
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIDUGAL II, LLC	NAME		
STREET ADDRESS	11360 JOG ROAD, SUITE 200	STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
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 808, Florida Statutes.				
SIGNATURE: 		4/23/08		561-691-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Telephone #

30009943

