2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000057430

1. Entity Name
PANAMA INDUSTRIALS, LLC

FILED
08 FEB 15 AM 11:4
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1900 N.W. CORPORATE BLVD., SUITE 201-E BOCA RATON, FL 33431	1900 N.W. CORPORATE BLVD., SUITE 201-E BOCA RATON, FL 33431

02072008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2623 Grand Blvd	2623 Grand Blvd
Suite, Apt. #, etc. Suite 301	Suite, Apt. #, etc. Suite 301
City & State Holiday, FL	City & State Holiday, FL
Zip 34690 Country USA	Zip 34690 Country USA

4. FEI Number ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOOTH, STEPHEN C ESQ.
C/O BOOTH & COOK, P.A.
7510 RIDGE ROAD
PORT RICHEY, FL 34688

7. Name and Address of New Registered Agent

Name JOHN E. MONTANA
Street Address (P.O. Box Number is Not Acceptable) 2623 Grand Blvd
Suit 301
City Holiday **FL** Zip Code 34690

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] 2.7.08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM FLORIDA EXCHANGE CORPORATION IV 1900 N.W. CORPORATE BLVD., SUITE 201-E BOCA RATON, FL 33431	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER JOHN E. MONTANA 2623 GRAND BLVD Suite 301 HOLIDAY, FL 34690	☐ 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	~~02/15/08 01028 024 **138.75~~	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	7001 1381 4780 7 02/15/08--01028 -024 **138.75	☐ 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: [signature] 2.7.08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #