2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M0400001617

1. Entity Name

PANAMA PROPERTIES, LLC



FILED Jan 20, 2006 08:00 AM Secretary of State

Principal Place of Business

9000 KEYSTONE CROSSING SUITE 400 INDIANAPOLIS, IN 46240

Mailing Address

9000 KEYSTONE CROSSING SUITE 400 INDIANAPOLIS, IN 46240



01072006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0740959 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

ELLIS, SETH 2600 N. MILITARY TRAIL SUITE 290 BOCA RATON, FL 33431

SIGNATURE:

SIGNATURE AND TYPED O

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8. The above named antity 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.	Signal of the Cripinted name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Filing Fe			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BONANNO, ANTHONY J 9000 KEYSTONE CROSSING SUITE 400 INDIANAPOLIS, IN 46240		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BONANNO, SUSAN L 9000 KEYSTONE CROSSING SUITE 400 INDIANAPOLIS, IN 46240		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		()1 /	1840146743957 25/06-80004-025 50.00 PT WRITE
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TITLE NAME STREET ADDRESS 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 cath; that I am a managing member or manager of the limited liability company or the receiver or tracked empowered to execute this report as required by Chapter 608, Florida Statutes.			

HORING MANAGING MEMBER, OR AUTHORIZED RY