

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90184 036 ****50.00

| | |
|-----------------------------------|---|
| DOCUMENT # M04000002507 |  |
| 1. Entity Name PACKLAND L.L.C. | |

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|--|--|
| Principal Place of Business 848 BRICKELL AVENUE, STE. 615 MIAMI FL 33131 444 BRICKELL AVE, STE 311 | Mailing Address 848 BRICKELL AVENUE, STE. 615 MIAMI FL 33131 444 BRICKELL AVE, STE 311 |
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|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

1st MOORE CR2E083 (10/06)

| | |
|---|--|
| 4. FEI Number 36-4465100 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LUTZ, ROBERT M 848 BRICKELL AVENUE, STE. 615 MIAMI FL 33131 444 BRICKELL AVE | |
| 7. Name and Address of New Registered Agent Name (SAME) NO CHANGE- ADDRESS CHANGE ONLY Street Address (P.O. Box Number is Not Acceptable) 444 BRICKELL AVENUE SUITE 311 City MIAMI FL Zip Code 33131 | |

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.

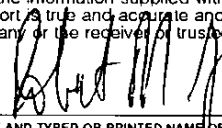
SIGNATURE  DATE 2-2-10-2007

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM LUTZ, ROBERT M 1111 BRICKWLL BAY DR., APT. 2009 MIAMI FL 33131 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM KRUK, JUAN ARRBENOS 1675 PISO 8 BUENOS AIRES (1426), ARGENTI <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE 2-10-2007 Daytime Phone # 305-577-4444

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