2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M07000004240

1. Entity Name
PANAMA MOB OWNERS LLC



Principal Place of Business

11360 JOG ROAD, SUITE 200 PALM BEACH GARDENS, FL 33418 Mailing Address

DO NOT WRITE IN THIS SPACE

11360 JOG ROAD, SUITE 200 PALM BEACH GARDENS, FL 33418

FILED Apr 29, 2008 08:00 AN Secretary of State



01072008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 35-2302509

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PIERCE, THOMAS K ESQ. 11360 JOG ROAD, SUITE 200 PALM BEACH GARDENS, FL 33418

SIGNATURE:

SIGNATURE AND TYPED

DO NOT WRITE IN THIS SPACE

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 Ager	ni signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS			·
NAME STREET ADDRESS CITY-S1-ZIP	MGRM PANAMA MOB INVESTORS LLC 11360 JOG ROAD, SUITE 200 PALM BEACH GARDENS, FL 33418	, ; , ; ,	· · · · · · · · · · · · · · · · · · ·	U00000932868 05/22/08-80074-001 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET AODRESS CITY-S1-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		;	IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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 oath; that I am a managing member or manager of the limited liability company or the receiver by trustee empowered to execute this report as required by Chapter 608, Florida Statutes.				

RINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE