2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000001764

1. Entity Name

TA INTERNATIONAL LLC



Principal Place of Business

SIGNATURE:

3425 NORTH OCEAN BLVD. GULFSTREAM, FL 33483 Mailing Address

C/O RICHARDS & POLANSKY, P.A. 2665 S. BAYSHORE DR., STE. 703 MIAMI, FL 33133 04 APR 30 PM 12: 21

SECRETARY OF STATE TALLAHASSEE, FLORIDA



03102004 No Chg-LLC

CR2E083 (10/03)

4.	FEI Number
	02-0540851

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WORLD CORPORATE SERVICES, INC. 2665 SOUTH BAYSHORE DR., STE. 703 MIAMI, FL 33133

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3/10/04 (305) 858-9900

Daytime Phone #

	named entity submits this statement for the purpose of char ions of registered agent.	iging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating) DATE
Fi Di	ling Fee is \$50.00 ue by May 1, 2004	
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARCAINI, TONIO G.B. 3435 NORTH OCEAN BLVD. GULFSTREAM, FL 33483	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		900036458449 05/14/0401030007 **841.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	DO NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		~45t
11. I hereby of indicated limited lia	contribution supplied with his king does not que on this report is true and accurate and that my signature ship littly company or the receiver of truetee empowered to execute the contribution of the receiver of truetee empowered to execute the contribution of the receiver of truetee empowered to execute the contribution of the receiver of truetee empowered to execute the contribution of the contribution	ualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information all have the same legal effect as if made under oath; that I am a managing member or manager of the rule this report as required by Chapter 608, Florida Statutes.

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