


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
05 MAY -2 AM 11: 08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L02000001764</b> 1. Entity Name TA INTERNATIONAL LLC	
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Principal Place of Business 3425 NORTH OCEAN BLVD. GULFSTREAM, FL 33483	Mailing Address C/O RICHARDS & POLANSKY, P.A. 2665 S. BAYSHORE DR., STE. 703 MIAMI, FL 33133
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04142005	Chg-LLC	CR2E083 (10/03)	<b>50.00</b>
4. FEI Number <b>02-0540851</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>  WORLD CORPORATE SERVICES, INC. 2665 SOUTH BAYSHORE DR., STE. 703 MIAMI, FL 33133	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME	MGR ARCAINI, TONIO G.B.	<input type="checkbox"/> Delete		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3435 NORTH OCEAN BLVD.			STREET ADDRESS	<b>600054342246</b>		
CITY - ST - ZIP	GULFSTREAM, FL 33483			CITY - ST - ZIP	05/12/05--01078--002 **941.25		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Tonio Arcaini
4/19/05 (305) 858-9900

**SIGNATURE:** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*Handwritten initials*