


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000029128  
 1. Entity Name  
 NICOTERA, LLC



Principal Place of Business 2307 DOUGLAS RD 400 MIAMI, FL 33145 US	Mailing Address 2307 DOUGLAS RD 400 MIAMI, FL 33145 US
---	---

**DO NOT WRITE IN THIS SPACE**



04292004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3761857	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

OVIES, IDA C  
 2307 DOUGLAS RD  
 400  
 MIAMI, FL 33145

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

**Filing Fee is \$50.00 Due by May 1, 2004**

000000147835  
 05/03/04-80124-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAPRIA, DOMINGO A JOSE C PAZ - 1015, ACASSUSO-CP(1641) BUENOS AIRES, BA 1641
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE CAPRIA, YOLANDA CASAL JOSE C PAZ - 1015, ACASSUSO-CP(1641) BUENOS AIRES, BA 1641
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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

SIGNATURE: Domingo Capria Date: 4/29/04 305 447 3801  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #