## FILED Apr 30, 2004 8:00 am Secretary of State 04-30-2004 90083 015 \*\*\*\*50.00

2004 LIMITED LIABILITY COMPA ANNUAL REPORT							
DOCUMENT # L03000045133	[Signal of the content of the conten						
1. Entity Name TAHITA OF MEXICO, LLC							

Principal Plac	e of Business	Mailing Address			]	,	-1002000	
C/O ROBERT	ALLEN LAW	C/O ROBERT ALLEN LAW						
	<del>-L-KEY DR, STE-8</del> 05	601 BRICKELL KEY DR, S	<del>fE</del> 805					
MIAMI, FL 3		MIAMI, FL 33131 '						
2. Principal P	lace of Business	3. Mailing Address	ion An	ما يا يرم	<b>∤.         </b>			
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翌ス/	3/ Country	<sup>Zip</sup> コネ/3/	Country / /	_	5. Certificate	of Status Desired	□ \$5.00 Add	
-000		00101	<i>U</i> _		L		Fee Require	<u> </u>
	6. Name and Address of Current R	egistered Agent	Name			Address of New I	registered Agent	
LAW BOE	REDT A		Name	Ro	bert A	HEN I	aw	
LAW, ROE	KELL KEY DR; STE 805		Street,A	cidnesis (	P.O/Box Number	e is Not/Acceptary	eleccide	
MIAMI, FL			14	41	DIC	MEII HU	MUC	
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	_		City	$\mathcal{L}_{l}$	1010	7 4	Tin Cod	h
		<b>1</b>	City	ワロ	am		FL (3)37	51
8. The above	named entity subtritts this statement for	the purpose of changing its re	gistered office o	r register	red agent, or bo	th, in the State of Fl	orida. I am familiar with,	and accept
the obligat	ions of registered agent.		Ω.		A 13	- D	· 1 45 .	1. 1
SIGNATURE .	X 1° 1/	Cy:	Kober	ナル	· Hllen,	Tr. PM	wider 4	129/04
Ordinition in	Signature, typed or printed name of registered agent an	d title il applicable. (NO <b>I</b> €: R	egistered Agent signat	ure required	when reinstating)	~	DATE	
					į	15 TH 15 TO 1		1
F	iling Fee is \$50.00 ue by May 1, 2004				ľ		ke check payable to	
, O	ue by May 1, 2004 /					Florid	a Department of Stat	e
9.	MANAGING MEMBER	S (MANAGERS	10.		<u></u>	ADDITIONS	/CHANGES	
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NAME STREET ADDRESS			NAME STREET ADDRESS					

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 accordate and that may ignature 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 error of the execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

CITY-ST-ZIP

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