


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
04 APR 16 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000008115					
1. Entity Name TERRA INTERNATIONAL DEVELOPMENTS LLC					
Principal Place of Business 1221 BRICKELL AVE. SUITE 2100 MIAMI, FL 33131			Mailing Address 1221 BRICKELL AVE. SUITE 2100 MIAMI, FL 33131		
2. Principal Place of Business 1200 Brickell Avenue		3. Mailing Address 1200 Brickell Avenue			
Suite, Apt. #, etc. Suite 1840		Suite, Apt. #, etc. Suite 1840			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 65-1108870	
Zip 33131		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTIN, PEDRO A ESQ. 1221 BRICKELL AVE. SUITE 2100 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Martin, Pedro A., Esq. Street Address (P.O. Box Number is Not Acceptable) 1200 Brickell Avenue, Suite 1840 City Miami FL Zip Code 33131		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTIN, PEDRO A 1221 BRICKELL AVE., SUITE 2100 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr. Pedro A. Martin 1200 Brickell Avenue; Suite 1840 Miami, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 4/6/04		Daytime Phone #

DP



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