


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

*DP*



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