FILED
May 27, 2004 8:00 am
Secretary of State

04-30-2004 90083 014 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000042993

1. Entity Name
TAHITA HOLDINGS, LLC

Principal Place of Business	Mailing Address
C/O ROBERT ALLEN LAW 601 BRICKELL KEY DR, STE 805 MIAMI, FL 33131	C/O ROBERT ALLEN LAW 601 BRICKELL KEY DR, STE 805 MIAMI, FL 33131

04292004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
C/O Robert Allen Law		C/O Robert Allen Law	
Suite, Apt. #, etc. 1441 Brickell Ave., Suite 1014		Suite, Apt. #, etc. 1441 Brickell Ave., Suite 1014	
City & State Miami, FL		City & State Miami, FL	
Zip 33131	Country	Zip 33131	Country

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~LAW, ROBERT ALLEN~~ 601 BRICKELL KEY DR, STE 805 MIAMI, FL 33131	Name: ROBERT ALLEN LAW Street Address (P.O. Box Number is Not Acceptable): 1441 Brickell Ave., Suite 1014 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: By: Robert N. Allen, Jr. President 4/29/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Peralta, Claudia 1441 Brickell Ave #1014 Miami, FL 33131	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Robert N. Allen, Jr. 4/29/04 3053723300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #