

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90019 010 ****50.00

DOCUMENT # L03000042993					
1. Entity Name TAHITA HOLDINGS, LLC					
Principal Place of Business C/O ROBERT ALLEN LAW 1441 BRICKELL AVE SUITE 1014 MIAMI, FL 33131			Mailing Address C/O ROBERT ALLEN LAW 1441 BRICKELL AVE SUITE 1014 MIAMI, FL 33131		
2. Principal Place of Business 1441 BRICKELL AVE		3. Mailing Address 1441 BRICKELL AVE		01252005 Chg-LLC CR2E083 (10/03)	
Suite, Apt. #, etc. 1400		Suite, Apt. #, etc. 1400		4. FEI Number NOT APPLICABLE	
City & State MIAMI, FL		City & State MIAMI, FL		Applied For Not Applicable	
Zip 33131	Country USA	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				7. Name and Address of New Registered Agent	
ROBERT ALLEN LAW 1441 BRICKELL AVE SUITE 1014 MIAMI, FL 33131				Name ROBERT ALLEN LAW	
				Street Address (P.O. Box Number is Not Acceptable) 1441 BRICKELL AVE	
				SUITE 1400	
				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 _____					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR	NAME PERALTA, CLAUDIA		TITLE mgr	NAME Peralta, claudia	
STREET ADDRESS 1441 BRICKELL AVE SUITE 1014	CITY-ST-ZIP MIAMI, FL 33131		STREET ADDRESS 1441 Brickell Avenue ste 1400	CITY-ST-ZIP miami, FL 33131	
<input checked="" type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<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.					
SIGNATURE:			Umberto Bonavita 4/27/05 305-372-3300		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		