2001 UNIFORM BUSINESS REPORT (UBR)

2001 UNIFORM BUSINESS REPORT (UBR))	APPROVEU	<u>.</u> -		
DOCUMENT # L0000013070						AND FILED			
1. Entity Name TERRA LAKES LLC Principal Place of Business Mailing Address						OI APR 27 PM	1: 34		
						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2665 SOUTH BAYSHORE DR., STE. 703 2665 SOUTH BAYSHORE I MIAMI FL 33133 MIAMI FL 33133			Æ DR., ST	E. 703					
									
Principal Place of Business Address Mailing Address				<u> </u>			•		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Stat	e	City & State			4. FEI Nu	umber 1050595	—	Applied For lot Applicable	
Zip Country		Zip Co		untry		cate of Status Desired	\$5.00 Ad	dditional	
	6. Name and Address of Currer	nt Registered Agent			7. Name	and Address of New Register	<u> </u>	5 d	
WORLD CORPORATE SERVICES, INC. 2665 SOUTH BAYSHORE DR., STE. 703				Name	9			i	
				Street Addre	ess (P.O. Box Nu	s (P.O. Box Number is Not Acceptable)			
MIAMI FL 33133									
				City	City FL Zip Code			Je	
8. The above	e named entity submits this statement	for the purpose of changing it	ts register	ed office or reg	jistered agent, or	r both, in the State of Florida.	<u>.</u>		
SIGNATURE .		. •				·			
	Signature, typed or printed name of registered ager	int and title if applicable. (NO)TE: Registere	ad Agent signature re	equired when reinstating	g) DA	TE		
• .		FILE N Make Check P		FEE IS \$50. to Departmen				ļ	
9.	MANAGING MEM		10.			ADDITIONS/CHANG			
TITLE NAME	VALLEJO, CLEMENTE	☐ Delete	TITL				Change	☐ Addition	
STREET ADDRESS City-St-Zip	2665 SOUTH BAYSHORE DR., STE. 703 MIAMI FL 33133			EET ADDRESS Y-ST-ZIP			•		
TITLE	MGR SERRANO, CARLOS			E			☐ Change	☐ Addition	
NAME Street Address City-St-Zip	ARRE COLITU DAVONODE DD. STE. 702			AE EET ADDRESS Y-ST-ZIP		10000419 -05/10/01 *****50	93811 0102-	L ——	
TITLE		☐ Delete	TITL				☐ Change	Addition	
NAME Street Address City-St-Zip	. :			AE EET ADDRESS Y-ST-ZIP					
TITLE		☐ Delete	TITLI				☐ Change	☐ Addition	
NAME Street address			NAM Stre	AL EET ADDRESS					
CITY-ST-ZIP				/-ST-ZIP					
Title Name :		☐ Delete	11TLI NAM			<i>:</i>	Change	☐ Addition	
STREET ADDRESS City-St-Zip				EET ADDRESS (-ST-ZIP			•		
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME			NAM STRE	ME EET ADDRESS					
CITY CT 705	1		CITY	CT 710	•			l	

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 mix 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:

Clemente Vallejo 4/23/01 (305) 858-9900 SIGNATURE AND TYPED OR PRIN

Daytime Phone #