


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
04 APR 16 AM 10:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L01000014251</b>	
1. Entity Name <b>NAUTICA INVESTMENTS, LLC</b>	

Principal Place of Business <b>1221 BRICKELL AVE. SUITE 2100 C/O MR. PEDRO A. MARTIN MIAMI, FL 33131</b>	Mailing Address <b>1221 BRICKELL AVE. SUITE 2100 C/O MR. PEDRO A. MARTIN MIAMI, FL 33131</b>
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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>
Zip <b>33131</b>	Country <b>USA</b>

*PM*

01082004 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>37-1419104</b>	Applied For <input type="checkbox"/> Not Applicable
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 1221 BRICKELL AVE. SUITE 2100 GREENBERG TRAUIG, P.A. MIAMI, FL 33131</b>	
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7. Name and Address of New Registered Agent Name <b>Pedro A. Martin</b> Street Address (P.O. Box Number is Not Acceptable) <b>1200 Brickell Avenue, Suite 1840</b> City <b>Miami, FL</b> Zip Code <b>33131</b>	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE
<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 TERRA INTERNATIONAL DEVELOPMENTS, LLC 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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>500034379495</b> <b>04/28/04--01018--014 **50.00</b> <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
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
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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date <i>4/6/04</i> Daytime Phone #