

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90214 039 ****50.00

DOCUMENT # L01000014251

1. Entity Name
NAUTICA INVESTMENTS, LLC



Principal Place of Business
C/O PEDRO A. MARTIN
1200 BRICKELL AVENUE, SUITE 1840
MIAMI, FL 33131

Mailing Address
C/O PEDRO A. MARTIN
1200 BRICKELL AVENUE, SUITE 1840
MIAMI, FL 33131



03202006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 37-1419104	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN, PEDRO A
1200 BRICKELL AVE. SUITE 1840
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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 _____
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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	TERRA INTERNATIONAL DEVELOPMENTS, LLC
STREET ADDRESS	1221 BRICKELL AVE. SUITE 2100
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	MGR
NAME	MARTIN, PEDRO A
STREET ADDRESS	1200 BRICKELL AVE., SUITE 1840
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Pedro A. Martin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #