

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000002687

FILED
Apr 30, 2005
Secretary of State

Entity Name: TERRAMAX REALTY, L.L.C.

Current Principal Place of Business:

2912 DOUGLAS RD.
MIAMI, FL 33134

New Principal Place of Business:

427 BILTMORE WAY
SUITE 204
CORAL GABLES, FL 33134

Current Mailing Address:

2912 DOUGLAS RD.
MIAMI, FL 33134

New Mailing Address:

8810 NW 196 ST
HIALEAH, FL 33018

FEI Number: 30-0039225

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BLANCO, MAUEL A ESQ.
1313 PONCE DE LEON BLVD., STE. 301
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BLANCO, JORGE L
Address: 2912 DOUGLAS RD.
City-St-Zip: MIAMI, FL 33134

Title: MGRM () Delete
Name: RODRIGUEZ, ARMANDO
Address: 2912 DOUGLAS RD.
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BLANCO, JORGE L
Address: 427 BILTMORE WAY SUITE 204
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM (X) Change () Addition
Name: RODRIGUEZ, ARMANDO
Address: 427 BILTMORE WAY SUITE 204
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JORGE BLANCO

MGRM

04/30/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date