

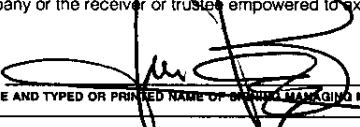


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90552 050 ****55.00

DOCUMENT # L02000004175					
1. Entity Name TERRABELLA HOLDINGS, L.L.C.					
Principal Place of Business 17850 W. DIXIE HIGHWAY, STE. 2B NORTH MIAMI BEACH, FL 33160			Mailing Address 17850 W. DIXIE HIGHWAY, STE. 2B NORTH MIAMI BEACH, FL 33160		
2. Principal Place of Business 17820 W. Dixie Hwy Suite, Apt. #, etc.		3. Mailing Address 17820 W. Dixie Hwy Suite, Apt. #, etc.		24029701 	
City & State North miami Beach, FL Zip 33160 Country USA		City & State North miami Beach, FL Zip 33160 Country USA		03252004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 37-1424367				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FRIEND, JOEL 20871 JOHNSON STREET, STE. 103 PEMBROKE PINES, FL 33029			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLACHMAN, GUSTAVO 17850 W. DIXIE HIGHWAY, STE. 2B NORTH MIAMI BEACH, FL 33160	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Blachman, Gustavo 17820 West Dixie Hwy North Miami Beach, FL 33160
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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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: 			Date 03/25/04		Daytime Phone # 305 933 3022