


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90018 042 \*\*\*\*50.00

DOCUMENT # L02000004175					
1. Entity Name <b>TERRABELLA HOLDINGS, L.L.C.</b>					
Principal Place of Business <b>17820 W. DIXIE HWY NORTH MIAMI BEACH, FL 33160</b>			Mailing Address <b>17820 W. DIXIE HWY NORTH MIAMI BEACH, FL 33160</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>37-1424367</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>FRIEND, JOEL</b> <b>20871 JOHNSON STREET, STE. 103</b> <b>PEMBROKE PINES, FL 33029</b>			Name <b>Joel Friend and Associates, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2200 N. Commence Parkway, Suite 202</b> City <b>Weston</b> <b>FL</b> Zip Code <b>33326</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 <i>Joel Friend, Agent</i>			DATE <b>4/24/06</b>		
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>BLACHMAN, GUSTAVO</b> <b>17820 W. DIXIE HWY</b> <b>NORTH MIAMI BEACH, FL 33160</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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 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.					
<b>SIGNATURE:</b> <i>[Signature]</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	