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Secretary of State

03-29-2004 90555 009 ****55.00

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03252004 Chg-LLC CR2E083 (10/03)

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000004177

1. Entity Name
TERRABELLA REALTY, L.L.C.

Principal Place of Business	Mailing Address
17850 W. DIXIE HIGHWAY, STE. 2B NORTH MIAMI BEACH, FL 33160	17850 W. DIXIE HIGHWAY, STE. 2B NORTH MIAMI BEACH, FL 33160

2. Principal Place of Business		3. Mailing Address	
17820 West Dixie Hwy		17820 W. Dixie Hwy	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: North Miami Beach, FL		City & State: North Miami Beach, FL	
Zip: 33160	Country: USA	Zip: 33160	Country: USA

4. FEI Number: 02-0560353 — Applied For / Not Applicable

5. Certificate of Status Desired [X] **$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 ______________________
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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE	MGRM	☒ Change ☐ Addition
NAME	BLACHMAN, GUSTAVO		NAME	Blachman, Gustavo	
STREET ADDRESS	17850 W. DIXIE HIGHWAY, STE. 2B		STREET ADDRESS	17820 W Dixie Hwy	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160		CITY-ST-ZIP	North Miami Beach, FL 33160	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: ______________________ 03/25/04 305 933 3022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #