

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 APR 16 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L02000012393

1. Entity Name

TERRA-ADI INTERNATIONAL DADELAND, LLC

Principal Place of Business

C/O PEDRO A. MARTIN
1221 BRICKELL AVE., STE. 2100
MIAMI, FL 33131

Mailing Address

C/O PEDRO A. MARTIN
1221 BRICKELL AVE., STE. 2100
MIAMI, FL 33131

2. Principal Place of Business

1200 Brickell Avenue

3. Mailing Address

1200 Brickell Avenue

Suite, Apt. #, etc.

Suite 1840

Suite, Apt. #, etc.

Suite 1840

City & State

Miami, FL

City & State

Miami, FL

Zip

33131

Country

USA

Zip

33131

Country

USA

01082004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

14-1838926

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, PEDRO A
1221 BRICKELL AVE., STE. 2100
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name Martin, Pedro A.

Street Address (P.O. Box Number is Not Acceptable)

1200 Brickell Avenue

Suite 1840

City Miami,

FL

Zip Code

33131

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

TITLE MGR ☐ Delete
NAME MARTIN, PEDRO A
STREET ADDRESS 1221 BRICKELL AVE., STE. 2100
CITY-ST-ZIP MIAMI, FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE Mgr. ☐ Change ☐ Addition
NAME Pedro A. Martin
STREET ADDRESS 1200 Brickell Avenue, Suite 1840
CITY-ST-ZIP Miami, FL 33131

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #