

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028745

FILED  
Feb 03, 2005  
Secretary of State

Entity Name: TERRA FIRMA GROUP I, LLC

**Current Principal Place of Business:**

2875 N.E. 191ST ST.  
SUITE 304  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

2875 N.E. 191ST ST.  
SUITE 304  
AVENTURA, FL 33180

**New Mailing Address:**

FEI Number: 76-0733347      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STOK, ROBERT A ESQ.  
2875 N.E. 191ST ST.  
SUITE 304  
AVENTURA, FL 33180 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: MGR ( ) Delete  
Name: STOK, ROBERT A  
Address: 2875 NE 191 ST STE 304  
City-St-Zip: AVENTURA, FL 33180

Title: MGR ( ) Delete  
Name: STOK, SOPHIA P  
Address: 2875 NE 191 ST STE 304  
City-St-Zip: AVENTURA, FL 33180

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: STOK, ABE  
Address: 2875 NE 191 ST STE 304  
City-St-Zip: AVENTURA, FL 33180

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: ROBERT A. STOK      MGR      02/03/2005

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