2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 06, 2005 08:00 AM Secretary of State DOCUMENT # L03000012937 ----1. Entity Name TERRENA ENTERPRISES, LLC Principal Place of Business Mailing Address C/O RICARDO J. SOUTO, ESQ C/O RICARDO J. SOUTO, ESQ 201 S. BISCAYNE BLVD., STE. 1500 201 S. BISCAYNE BLVD., STE. 1500 MIAMI, FL 33131 MIAMI, FL 33131 01252005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 13-4265121 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VIYELLA, CANDIDO DO NOT WRITE 2820 BRICKELL AVENUE MIAMI, FL 33129 IN THIS SPACE 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 reinstaling) DATE Filing Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS MGR TITLE VIYELLA, CANDIDO NAME STREET ADDRESS 2820 BRICKELL AVENUE MIAMI, FL 33129 CITY+ST-ZIP TITLE U(U)000289832 +M/06/05-80041-014 50.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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Daytime Phone #