


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000016421	
1. Entity Name TERRA-ADI INTERNATIONAL MANAGEMENT II, LLC	

FILED
04 APR 16 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
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2. Principal Place of Business 1200 Brickell Avenue Suite, Apt. #, etc. Suite 1840 City & State Miami, FL Zip 33131	Country USA	3. Mailing Address 1200 Brickell Avenue Suite, Apt. #, etc. Suite 1840 City & State Miami, FL Zip 33131	Country 33131
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01082004 Chg-LLC CR2E083 (10/03)

4. FEI Number 47-0924108	Applied For Not Applicable
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6. Name and Address of Current Registered Agent MARTIN, PEDRO A 1221 BRICKELL AVE., STE. 2100 MIAMI, FL 33131 <i>BR</i>

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
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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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTIN, PEDRO A 1200 BRICKELL AVE., STE. 680 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr. Pedro A. Martin 1200 Brickell Avenue, Suite 1840 Miami, FL 33131 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400034379164 04/28/04--01018--006 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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 #