

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000016511

1. Entity Name
TERRA-ADI INTERNATIONAL DADELAND II, LLC



Principal Place of Business
C/O PEDRO A. MARTIN
1200 BRICKELL AVE., STE. 1840
MIAMI, FL 33131

Mailing Address
C/O PEDRO A. MARTIN
1200 BRICKELL AVE., STE. 1840
MIAMI, FL 33131

FILED
05 FEB 18 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01262005 No Chg-LLC CR2E083 (10/03)

4. FEI Number
47-0924106

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
1200 BRICKELL AVE., STE. 1840
MIAMI, FL 33131

**DO NOT WRITE
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 reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME TERRA-ADI INTERNATIONAL MANAGEMENT II, LLC
STREET ADDRESS 1200 BRICKELL AVE., STE 1840
CITY-ST-ZIP MIAMI, FL 33131

TITLE MGR
NAME MARTIN, PEDRO A
STREET ADDRESS 1200 BRICKELL AVE., STE 1840
CITY-ST-ZIP MIAMI, FL 33131

TITLE
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200047243712
02/24/05--01045--010 **50.00

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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: PEDRO A. MARTIN 2-16-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #