2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 02, 2004 8:00 am
Secretary of State

03-31-2004 90349 036 ****55.00

34000000

MOORE CR2E083 (11/03)

DOCUMENT # L03000024771

1. Entity Name

TERRACHAN, L L.C.

Principal Place of Business	Mailing Address
7911 NOREMAC AVENUE MIAMI BEACH FL 33141 FL	7911 NOREMAC AVENUE MIAMI BEACH FL 33141 FL

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0670169 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DOMINGUEZ, DIMAS 7911 NOREMAC AVENUE MIAMI BEACH FL 33141	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 of or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS	10. ADDITIONS / CHANGES
TITLE MGR ☐ Delete NAME DOMINGUEZ, DIMAS STREET ADDRESS 7911 NOREMAC AVENUE CITY-ST-ZIP MIAMI BEACH FL 33141	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	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 Dimas Dominguez 3/25/04 305-778-1930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment
34009680

MARTA OR DIMAS DOMINGUEZ Document #
7911 NOREMAC AVE
MIAMI BEACH, FL 33141 #L03000024777

482

3/26/04 Date

63-915/660
BRANCH 25

Pay to the Order of Florida Department of State $ 55.00

Fifty five 00/100 Dollars

Security Features Details on Back

TOTALBANK
YOUR PERSONAL BANK

For Limited Annual Report Marta Dominguez

⑆066009155⑆ 00273946⑈06 0482

© HARLAND 2000