

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90231 002 ****50.00

DOCUMENT # L03000028932

1. Entity Name
TERRATRAN, LLC



Principal Place of Business
**1801 SOUTH BAYSHORE LANE
COCONUT GROVE, FL 33133-4007**

Mailing Address
**1801 SOUTH BAYSHORE LANE
COCONUT GROVE, FL 33133-4007**

24020149



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02292004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
20-0292765

Applied For
Not Applicable

Zip Country

Zip Country

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

**BLUM, SAMUEL SPENCER ESQ
2666 TIGERTAIL AVE, STE 106
COCONUT GROVE, FL 33133**

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, 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, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DANIELS, DERICK
1801 SOUTH BAYSHORE LANE
COCONUT GROVE, FL 331334007** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WASSERSTROM, JOSEPH R.
1801 S. BAYSHORE LANE
MIAMI, FL 33133** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ 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:

Joseph R. Wasserstrom
JOSEPH R. WASSERSTROM

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

2/27/04

Date

513-260-3952

Daytime Phone #