FILED 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT Apr 13, 2005 8:00 am Secretary of State **DOCUMENT # L03000028932** 1. Entity Name TERRATRAN, LLC 04-13-2005 90219 013 ****50.00 Principal Place of Business Mailing Address 1801 SOUTH BAYSHORE LANE COCONUT GROVE, FL 33133-4007 1801 SOUTH BAYSHORE LANE 20031988 COCONUT GROVE, FL 33133-4007

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S. Certificate of Status Desired S. Ce	ed For
BLUM, SAMUEL SPENCER ESQ 2666 TIGERTAIL AVE, STE 106 COCONUT GROVE, FL 33133 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE SIGNATURE WASSERSTROM, JOSEPH R SIREET ADDRESS 1801 SOUTH BAYSHORE LANE COYN-ST-2IP COCONUT GROVE, FL 331334007 ITILE MAKE MAKE ITILE MAKE MAKE ITILE MAKE MAKE ITILE MAKE	
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SIGNATURE Signature, hyped or printed name of registered agons and site if applicable. (NOTE: Registered Agons signature required when reinstating) DATE Filling Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS TITLE MAGR WASSERSTROM, JOSEPH R SIREET ADDRESS 1801 SOUTH BAYSHORE LANE CITY-SI-7/P COCONUT GROVE, FL 331334007 TITLE MAME STREET ADDRESS CITY-SI-7/P TITLE MAME TITLE MAME TITLE MAME TITLE MAME TITLE MAME MAME TITLE MAME T	
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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 truly 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	f the
SIGNATURE: 054 () 4-11-05 305-858	3550
SIGNATURE AND TYPED OR POINTED NAME OF SIGNOR MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Date Date	