04/29/04 THU 14:38 FAX 3053747006 ROSEN & COMPANY

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90131 025 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000035572

1. Entity Name
TADIDAI, LLC

Principal Place of Business	Mailing Address
C/O ADRIANA HALIC 2600 ISLAND BLVD., APT. 705 AVENTURA, FL 33160	C/O ADRIANA HALIC 2600 ISLAND BLVD., APT. 705 AVENTURA, FL 33160

04272004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
C/O ADRIANA HALAC		C/O ADRIANA HALAC	
Suite, Apt. #, etc.: 2600 ISLAND BLVD, APT. #705		Suite, Apt. #, etc.: 2600 ISLAND BLVD, APT. #705	
City & State: AVENTURA, FL		City & State: AVENTURA, FL	
Zip: 33160	Country: US	Zip: 33160	Country: US

4. FEI Number: 61-1457025 ☐ 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
MULLIN, TERRANCE J ESQ. 3059 GRAND AVENUE, SUITE 340 MIAMI, 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	☐ Delete	TITLE: MANAGING MEMBER NAME: HALAC, EDGAR STREET ADDRESS: 2600 ISLAND BOULEVARD, APT. #705 CITY-ST-ZIP: AVENTURA, FL 33160	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: MANAGING MEMBER NAME: HALAC, ADRIANA STREET ADDRESS: 2600 ISLAND BOULEVARD, APT. #705 CITY-ST-ZIP: AVENTURA, FL 33160	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / 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: [signature] ADRIANA HALAC 4/29/04 305-610-5142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #