2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90019 010 ****50.00

DOCUMENT # L03000042993

1. Entity Name
TAHITA HOLDINGS, LLC

Principal Place of Business	Mailing Address
C/O ROBERT ALLEN LAW 1441 BRICKELL AVE SUITE 1014 MIAMI, FL 33131	C/O ROBERT ALLEN LAW 1441 BRICKELL AVE SUITE 1014 MIAMI, FL 33131

01252005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
1441 BRICKELL AVE		1441 BRICKELL AVE	
Suite, Apt. #, etc.: 1400		Suite, Apt. #, etc.: 1400	
City & State: MIAMI, FL		City & State: MIAMI, FL	
Zip: 33131	Country: USA	Zip: 33131	Country: USA

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROBERT ALLEN LAW
1441 BRICKELL AVE SUITE 1014
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: ROBERT ALLEN LAW
Street Address (P.O. Box Number is Not Acceptable): 1441 BRICKELL AVE
SUITE 1400
City: MIAMI FL Zip Code: 33131

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGR	☑ Delete	TITLE	mgr	☒ Change ☐ Addition
NAME	PERALTA, CLAUDIA		NAME	Peralta, Claudia	
STREET ADDRESS	1441 BRICKELL AVE SUITE 1014		STREET ADDRESS	1441 Brickell Avenue ste 1400	
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP	Miami, Fl 33131	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Umberto Bonavita 4/27/05 305-372-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #