

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000037664

**FILED**  
**Apr 29, 2005**  
**Secretary of State**

**Entity Name:** TERRAMAR HOLDINGS, LLC

**Current Principal Place of Business:**

2588 SW 27TH AVE  
MIAMI, FL 33133

**New Principal Place of Business:**

2121 PONCE DE LEON BLVD.  
1050  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2588 SW 27TH AVE  
MIAMI, FL 33133

**New Mailing Address:**

2121 PONCE DE LEON BLVD.  
1050  
CORAL GABLES, FL 33134

**FEI Number:** 20-1137511

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONSULTING SERVICES OF SOUTH FLORIDA, INC.  
2588 SW 27TH AVE  
MIAMI, FL 33133 US

**Name and Address of New Registered Agent:**

CONSULTING SERVICES OF SOUTH FLORIDA, INC.  
2121 PONCE DE LEON BLVD.  
1050  
CORAL GABLES, FL 33134 US

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.

SIGNATURE: ANTONIO GARCIA

04/29/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: SORI, RODOLFO  
Address: 701 BRICKELL KEY BLVD APT 1408  
City-St-Zip: MIAMI, FL 33131 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SORI, RODOLFO  
Address: 701 BRICKELL KEY BLVD PH 7  
City-St-Zip: MIAMI, FL 33131 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RODOLFO F. SORI

MGRM

04/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date