


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000055673 1. Entity Name TERRA BEACHSIDE VILLAS II, LLC	
---	---

Principal Place of Business 5996 S.W. 70TH STREET MIAMI, FL 33143	Mailing Address 5996 S.W. 70TH STREET MIAMI, FL 33143
---	---



01192006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 76-0187618	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SIEGER, CHARLES
5996 S.W. 70TH STREET
MIAMI, FL 33143

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

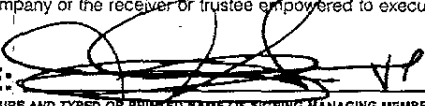
**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SIEGER, CHANCE M 5996 SW 70TH ST MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SUAREZ, JOSE 5996 SW 70TH ST MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST GAINES, RONALD 5996 SW 70TH ST MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000404457
02/06/06-80047-020 50.110

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____