

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082288

Entity Name: TERRASUR INVESTMENTS, LLC

FILED  
Mar 08, 2005  
Secretary of State

## Current Principal Place of Business:

605 OAKS DRIVE  
APT. #706  
POMPANO BEACH, FL 33069 US

## New Principal Place of Business:

## Current Mailing Address:

605 OAKS DRIVE  
APT. #706  
POMPANO BEACH, FL 33069 US

## New Mailing Address:

FEI Number: 20-2187940

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SARDINAS, ABEL R  
605 OAKS DRIVE  
APT. #706  
POMPANO BEACH, FL 33069 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: P ( ) Delete  
Name: SARDINAS, ABEL R SR.  
Address: 605 OAKS DRIVE, APT. 706  
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: MGR ( ) Delete  
Name: SARDINAS, ABEL JR  
Address: 6293 ETHAN DRIVE  
City-St-Zip: LAKE WORTH, FL 33467 US

Title: VP ( ) Delete  
Name: LEYVA, ALIRIO  
Address: 4447 NW 65TH STREET  
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: MGRM ( ) Delete  
Name: EGOAVIL, LUIS E  
Address: 605 OAKS DRIVE, APT. 706  
City-St-Zip: POMPANO BEACH, FL 33069 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: SARDINAS, ABEL R SR.  
Address: 605 OAKS DRIVE, APT. 706  
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: MGRM (X) Change ( ) Addition  
Name: SARDINAS, ABEL JR  
Address: 6293 ETHAN DRIVE  
City-St-Zip: LAKE WORTH, FL 33467 US

Title: MGR (X) Change ( ) Addition  
Name: LEYVA, ALIRIO  
Address: 4447 NW 65TH STREET  
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ABEL R. SARDINAS

MGR

03/08/2005

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