FILED
Mar 27, 2008 8:00 am
Secretary of State
03-27-2008 90086 030 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000069178

1. Entity Name
TERRAPLUS REAL ESTATE, L.L.C.

60017521

02072008 Chg-LLC CR2E083 (12/06)

Principal Place of Business
~~2601 SOUTH BAYSHORE DRIVE, STE.~~ 1400
MIAMI, FL 33133

Mailing Address
~~2601 SOUTH BAYSHORE DRIVE, STE. 1400~~
MIAMI, FL 33133

2. Principal Place of Business - No P.O. Box #
2340 So. DIXIE HIGHWAY
Suite, Apt. #, etc.
City & State: MIAMI, FL
Zip: 33133 Country: USA

3. Mailing Address
Same
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
83-0462772
☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
DURAN, ALFREDO G
~~2601 SOUTH BAYSHORE DRIVE, STE. 1400~~
MIAMI, FL 33133

7. Name and Address of New Registered Agent
Name: ALFREDO G. DURAN
Street Address (P.O. Box Number is Not Acceptable)
2340 So. DIXIE HIGHWAY
City: MIAMI FL Zip Code: 33133

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR STIMMAN, JAN GUSTAF CALLE 46A, #82-54 INT. 11 BOGOTA, COLUMBIA,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LOAYZA DE STIMMAN, ROSA ANA CALLE 46A, #82-54 INT. 11 BOGOTA, COLUMBIA,	☐ 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
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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: X [signature] JAN GUSTAF STIMMAN, OR MGR. 3/24/08 (305) 859-2696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #