


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90183 036 \*\*\*\*55.00

<b>DOCUMENT # L06000089794</b>					
<b>1. Entity Name</b> TE HOLDINGS L.C.					
<b>Principal Place of Business</b> 8174 N.W. 31 STREET MIAMI, FL 33122			<b>Mailing Address</b> 8174 N.W. 31 STREET MIAMI, FL 33122		
<b>2. Principal Place of Business - No P.O. Box #</b> 6500 N.W. 72 Avenue Suite, Apt. #, etc. <b>2nd Floor</b>		<b>3. Mailing Address</b> 6500 N.W. 72 Avenue Suite, Apt. #, etc. <b>2nd Floor</b>			
City & State <b>Miami, Florida</b>		City & State <b>Miami, Florida</b>		<b>4. FEI Number</b> <b>83-0466244</b>	
Zip <b>33166</b>		Zip <b>33166</b>		Country <b>USA</b>	
<b>6. Name and Address of Current Registered Agent</b> SANTELIZ, THAIS 8174 N.W. 31 STREET MIAMI, FL 33122				<b>7. Name and Address of New Registered Agent</b> Name: <b>SANTELIZ, THAIS</b> Street Address (P.O. Box Number is Not Acceptable) <b>6500 N.W. 72 Avenue</b> <b>2nd Floor</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33166</b>	
<b>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.</b> SIGNATURE: <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 X</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANTELIZ, THAIS 8174 N.W. 31 STREET MIAMI, FL 33122		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANTELIZ, THAIS 6500 N.W. 72 Ave.-2nd Floor Miami, Florida 33166	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>				<small>Daytime Phone #</small>	