

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90128 034 \*\*\*138.75

**DOCUMENT # L07000093724**

1. Entity Name  
**TERRA INVESTMENT AND CAPITAL GROUP LLC**



Principal Place of Business  
**848 BRICKELL AVENUE  
SUITE 1010  
MIAMI, FL 33131 US**

Mailing Address  
**848 BRICKELL AVENUE  
SUITE 1010  
MIAMI, FL 33131 US**

**60021583**



2. Principal Place of Business - No P.O. Box #  
**999BRICKELL BAY DR**

3. Mailing Address  
**999 BRICKELL BAY DR**

Suite, Apt. #, etc.  
**SUITE 1907**

City & State  
**MIAMI, FL**

Zip  
**33131**

Country  
**US**

04042008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**51-0646899**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**VELEZ, VIRNALISI  
848 BRICKELL AVENUE  
SUITE 1010  
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name  
**SAMUELS, HARRY M**

Street Address (P.O. Box Number is Not Acceptable)  
**2901 STIRLING ROAD**

**SUITE 307**

City  
**FT LAUDERDALE**

FL Zip Code  
**33131**

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 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	MGRM VELEZ, VIRNALISI 848 BRICKELL AVENUE - SUITE 1010 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 999 BRICKELL BAY DR #1907 MIAMI, FL 33131
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
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

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: DATE: **April 08, 2008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

305-519-7284