


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90103 048 ***138.75

DOCUMENT # L04000015906

1. Entity Name
 TERA LLC



Principal Place of Business
 10719 100 STREET SOUTH
 BOYNTON BEACH, FL 33437

Mailing Address
 3260 NW 23RD AVE.
 STE. 400
 POMPANO BEACH, FL 33069

60012352



2. Principal Place of Business - No P.O. Box #
 3260 NW 23 rd Ave
 Suite, Apt. #, etc.
 Ste. 400

3. Mailing Address
 Suite, Apt. #, etc.

02252008 Chg-LLC CR2E083 (12/06)

City & State
 Pompano Beach FL

City & State

Zip
 33069

Country
 Broward

Zip

Country

4. FEI Number
 20-0792085

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 KHALSA, DEVA SINGH
 10719 100 STREET SOUTH
 BOYNTON BEACH, FL 33437

7. Name and Address of New Registered Agent
 Name
 Khalsa, Deva Singh
 Street Address (P.O. Box Number is Not Acceptable)
 3260 NW 23rd Ave.
 Ste. 400
 City
 Pompano Beach FL Zip Code
 33069

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 *Dal* DATE *2/25/08*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reorganizing)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEVA SINGH KHALSA LIVING TRUST <input type="checkbox"/> Delete 10719 100 STREET SOUTH BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEVA KAUR KHALSA LIVING TRUST <input type="checkbox"/> Delete 10719 100 STREET SOUTH BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *Dal* DATE *2/25/08*

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

Date Daytime Phone #