




# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90062 015 \*\*\*\*\*55.00

<b>DOCUMENT # L03000006877</b> 1. Entity Name <b>TERRAVERDE INVESTMENTS, LLC</b>					
Principal Place of Business <b>ONE SE 3RD AVENUE, STE. 2400 MIAMI, FL 33131</b>			Mailing Address <b>ONE SE 3RD AVENUE, STE. 2400 MIAMI, FL 33131</b>		
2. Principal Place of Business - No P.O. Box # <b>1 Par Club Circle</b>		3. Mailing Address <b>1 Par Club Circle</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Village of Golf, FL</b>		City & State <b>Village of Golf, FL</b>		4. FEI Number <b>84-1620226</b>	
Zip <b>33436</b>		Country <b>Palm Bch</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HASNER, MARK M ESQ THERREL BAISDEN, P.A. ONE SE 3RD AVENUE, STE. 2400 MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent Name <b>Stephen F. Snyder</b> Street Address (P.O. Box Number is Not Acceptable) <b>1 Par Club Circle</b> City <b>Village of Golf</b> <b>FL</b> Zip Code <b>33436</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. SIGNATURE  <span style="float: right;">1-12-07</span> <small>Signature, typed or printed name of registered agent and title, applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR THE ARAGON GROUP, INC. 301 EAST DANIA BCH BLVD. DANIA, FL 33004</b> <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	
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.					
<b>SIGNATURE:</b>  <b>STEPHEN SNYDER</b> <span style="float: right;">1-12-07 954-927-2841</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					