

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

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



03222007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE  
IN THIS SPACE**

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.

*Deva S. Khalsa*

(NOTE: Registered Agent signature required when reinstating)

3/23/07

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
DEVA SINGH KHALSA LIVING TRUST  
10719 100 STREET SOUTH  
BOYNTON BEACH, FL 33437

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
DEVA KAUR KHALSA LIVING TRUST  
10719 100 STREET SOUTH  
BOYNTON BEACH, FL 33437

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

U000000678772  
04/03/07-80011-018 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:

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

*Deva S. Khalsa*

3/23/07

Date

954-973-8800

Daytime Phone #