

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000008189

1. Entity Name
SUN TERRA, L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 18 AM 9:49

Principal Place of Business
1110 DOUGLAS AVE., SUITE 2050
ALTAMONTE SPRINGS, FL 32714

Mailing Address
1110 DOUGLAS AVE., SUITE 2050
ALTAMONTE SPRINGS, FL 32714



2. Principal Place of Business - No P.O. Box #
365 WEKIVA SPRINGS RD

3. Mailing Address
365 WEKIVA SPRINGS RD

Suite, Apt. #, etc.
SUITE 231

Suite, Apt. #, etc.
SUITE 231

City & State
LONGWOOD, FL

City & State
LONGWOOD, FL

Zip
32779

Country
USA

Zip
32779

Country
USA

01282008 Chg-LLC CR2E083 (12/06)

4. FEI Number
59-3666558

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROYALL, H.J.
1110 DOUGLAS AVE
STE 2050
ALTAMONTE SPRINGS, FL 32714

7. Name and Address of New Registered Agent

Name
ROYALL, H.J. JR.
Street Address (P.O. Box Number is Not Acceptable)
365 WEKIVA SPRINGS RD SUITE 231
City
LONGWOOD FL Zip Code
32779

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.

(NOTE: Registered Agent signature required when reinstating)

4/11/08
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ROYALL, H.J. JR.
1110 DOUGLAS AVE STE 2050
ALTAMONTE SPRINGS, FL 32714 ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ROYALL, H.J. JR.
365 WEKIVA SPRINGS RD SUITE 231
LONGWOOD, FL 32779 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500125265345
04/23/08--01016--004 **1398.75 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

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

4/11/08
DATE

Daytime Phone #

407-774-0303