

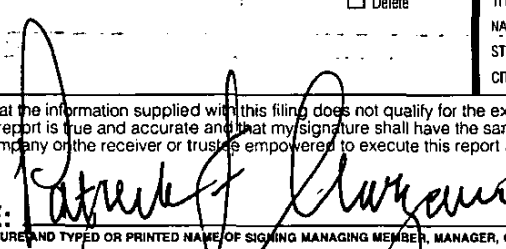


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90596 032 \*\*\*\*50.00

<b>DOCUMENT # L01000011783</b> 1. Entity Name TERN REALTY, L.C.					
Principal Place of Business 1191 E NEWPORT CENTER DR. 103 DEERFIELD BEACH, FL 33442			Mailing Address 1191 E NEWPORT CENTER DR. 103 DEERFIELD BEACH, FL 33442		
2. Principal Place of Business <b>WE'VE MOVED</b> <b>NEW ADDRESS:</b> Suite, Apt. #, etc. 1660 NW 19th Ave. City, State Pompano Beach, FL 33069		3. Mailing Address <b>WE'VE MOVED</b> <b>NEW ADDRESS:</b> Suite, Apt. #, etc. 1660 NW 19th Ave. City & State Pompano Beach, FL 33069			
4. Filing Number 02232005		Chg-LLC		CR2E083 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  MARZANO, MICHAEL 1191 E NEWPORT CENTER DR. 103 DEERFIELD BEACH, FL 33442			7. Name and Address of New Registered Agent  <b>WE'VE MOVED</b> <b>NEW ADDRESS:</b> Street Address (P.O. Box Number is Not Acceptable) 1660 NW 19th Ave. City Pompano Beach, FL 33069 State FL Zip Code		
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 _____					
Filing Fee is \$50.00... Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARZANO, MICHAEL 1191 E NEWPORT CENTER DR. 103 DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WE'VE MOVED</b> <b>NEW ADDRESS:</b> 1660 NW 19th Ave. Pompano Beach, FL 33069
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 exemption stated in Section 119.07(3)(i), 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: 3/10/04 Daytime Phone #: 954 543 9800		