2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L01000011783 1. Entity Name TERN REALTY, L.C.						03-14-2005 90596 032 ****50.00				
Principal Place 1191 E NEWI DEERFIELD B	e of Business PORLCENTER DR. 103 EACH, FL 33442	Mailing Address 1191 E NEWPORT CENTER DR. DEERFIELD BEACH, FL 33442		103		WOOMOOMO				
O Dississis	to a Division	To Marking Address	Wirrt	TR MOS	72h					
z. Principal P	WE'VE MOVED	3. Mailing Address WE'VE MOVED NEW ADDRESS:			PCC.		 		1808 0 1818 184	IB) (#1 170)
1	#NEW ADDRESS; 660 NW 19th Ave,	Suite, Apt. #, etc. 1660 NW 19th Ave			Ave	02232005 Chg-LLC CR2E083 (10/03)				
CitPoliti	pano Beach, FL 33066	City & State Pompano Beac			FL 33069 Number 65-1134233			Applied For Not Applicable		
Zip	Country	Zip Co		ountry			e of Status Desired		5.00 Addi	tional
	6. Name and Address of Current I	Registered Agent		Name		7. Name an	d Address of New R	egistered Ag	jent	
), MICHAEL WPORT CENTER DR. 103		•			O FALLY	ADDRESS:)		
	.D BEACH, FL 33442	City		1660 NW 19th Ave. Pompano Beach, FL 33069						
				City	P	ompano	Beach, FL J.	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									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) DATE										
Fi D	iling Fee is \$50.00 ue by May 1, 2005	F1 .						e check pa Departme		
9.	MANAGING MEMBE	RS/MANAGERS		ADDITIONS/CHANGES						
TITLE	MGR	Delete	10. IIIL	E Co	MAG	MENWE	VE MOVEL		☐ Chan g e	Addition
NAME STREET ADDRESS				NAME STREET ADDRESS: NEW ADDRESS:						!
CITY-ST-ZIP	1			r-ST-ZIP		1660	NW 19th Av	/e.		
TITLE NAME		☐ Delete	TATU NAM	-	1	Pompano	Beach, FL	33069	Change	Addition
STREET ADDRESS CITY-ST-ZIP				eet address (-st-zip						
TITLE		☐ Delete	TITL					-	Change _	Addition
NAME STREET ADDRESS			NAM Stri	AE EET AOORESS						l
CITY-ST-ZIP			1	r-ST-ZIP						
TITLE NAME		☐ Delete	TITE NAM						☐ Change	☐ Addition
STREET ADORESS			STR	EET ADDRESS						
CITY-ST-ZIP	<u> </u>			Y-ST-ZIP					☐ Change	- Addition
NAME		Delete	NAN	1			-		□ cuanăs	Addition
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS Y-ST-ZIP	•					
TITLE	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	: Delete	TITL				: · · · ·	*t ₹	Change	Addition
NAME	1 ^		MAN	ac í	ſ					

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 mysignature shall have the same legal effect as if made underloathy that I am a managing member or manager of the limited liability company on the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

OR PRINTED NAME OF SIGNING MANAGING MEM

BER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #1