

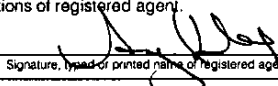
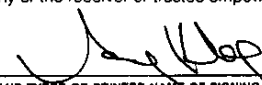


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90076 040 ****50.00

DOCUMENT # L02000017795 1. Entity Name TERRATECH OF VIRGINIA, LLC					
Principal Place of Business 101 LOUDOUN STREET, SW LEESBURG, VA 20175			Mailing Address 101 LOUDOUN STREET, SW LEESBURG, VA 20175		
2. Principal Place of Business 604 Jack Enders Blvd Suite, Apt. #, etc.		3. Mailing Address 604 Jack Enders Suite, Apt. #, etc.			
City & State Berryville, VA Zip 22611 Country USA		City & State Berryville, VA Zip 22611 Country		4. FEI Number 54-2061531	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				02172006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 				DATE 2/17/06	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIGOURNEY, JAMES W 101 LOUDOUN STREET, SW LEESBURG, VA 20175	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAREY, CHARLES J 101 LOUDOUN STREET, SW LEESBURG, VA 20175	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WELKE, VONDA L 101 LOUDOUN STREET, SW LEESBURG, VA 20175	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENNETT, JONATHAN K 101 LOUDON ST, SW LEESBURG, VA 20175	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'NEILL, TIMOTHY M 101 LOUDON ST, SW LEESBURG, VA 20175	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
10. ADDITIONS/CHANGES					
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"/> Change <input type="checkbox"/> Addition				
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"/> Change <input type="checkbox"/> Addition				
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"/> 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.					
SIGNATURE: 				Date 2/17/06 Daytime Phone # 540 955 0070	