

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000030334

**FILED**  
**Jan 13, 2004**  
**Secretary of State**

**Entity Name:** TERRA KINETICS LLC

**Current Principal Place of Business:**

3335 S. BROCKSMITH ROAD  
FORT PIERCE, FL 34945 US

**New Principal Place of Business:**

**Current Mailing Address:**

3335 S. BROCKSMITH ROAD  
FORT PIERCE, FL 34945 US

**New Mailing Address:**

**FEI Number:** 36-4512494

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SHABER, HELEN D  
6008 INDRIOD ROAD  
UNIT #C7  
FORT PIERCE, FL 34951 US

**Name and Address of New Registered Agent:**

SHABER, HELEN D  
3335 S. BROCKSMITH ROAD  
FORT PIERCE, FL 34945 US

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.

SIGNATURE: HELEN D. SHABER

01/13/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: SHABER, HELEN D  
Address: 6008 INDRIOD ROAD #C7  
City-St-Zip: FORT PIERCE, FL 34951 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SHABER, HELEN D  
Address: 3335 S. BROCKSMITH ROAD  
City-St-Zip: FORT PIERCE, FL 34945 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: HELEN D. SHABER

MGRM

01/13/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date