

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000030334

Entity Name: TERRA KINETICS LLC

FILED
Sep 08, 2008
Secretary of State

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 ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JONES, CRAIG K
3335 S. BROCKSMITH ROAD
FORT PIERCE, FL 34945 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

Title: MGRM () Delete
Name: JONES, CRAIG K
Address: 3335 S. BROCKSMITH ROAD
City-St-Zip: FORT PIERCE, FL 34945 US

Title: MGRM () Delete
Name: PHELPS, CARL
Address: 1355 RIVER RIDGE DR.
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CRAIG K. JONES

MGRM

09/08/2008

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