2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State
01-19-2007 90062 015 ****55.00

DOCUMENT # L03000006877

1. Entity Name
TERRAVERDE INVESTMENTS, LLC

Principal Place of Business	Mailing Address
ONE SE 3RD AVENUE, STE. 2400 MIAMI, FL 33131	ONE SE 3RD AVENUE, STE. 2400 MIAMI, FL 33131

01112007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1 Par Club Circle		1 Par Club Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Village of Golf, FL		City & State: Village od Golf, FL	
Zip: 33436	Country: Palm Bch	Zip: 33436	Country: Palm Bch

4. FEI Number: 84-1620226 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HASNER, MARK M ESQ
THERREL BAISDEN, P.A.
ONE SE 3RD. AVENUE, STE. 2400
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: Stephen F. Snyder
Street Address (P.O. Box Number is Not Acceptable): 1 Par Club Circle
City: Village of Golf FL Zip Code 33436

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 [signature] DATE 1-12-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THE ARAGON GROUP, INC. 301 EAST DANIA BCH BLVD. DANIA, FL 33004	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] STEPHEN SNYDER 1-12-07 954-927-2841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #