

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006877

**FILED**  
**Feb 19, 2008**  
**Secretary of State**

**Entity Name:** TERRAVERDE INVESTMENTS, LLC

**Current Principal Place of Business:**

1 PAR CLUB CIR  
VILLAGE OF GOLF, FL 33436

**New Principal Place of Business:**

770 E. ATLANTIC AVENUE  
SUITE 201  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

1 PAR CLUB CIR  
VILLAGE OF GOLF, FL 33436

**New Mailing Address:**

770 E. ATLANTIC AVENUE  
SUITE 201  
DELRAY BEACH, FL 33483

**FEI Number:** 26-1326938

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SNYDER, STEPHEN F  
1 PAR CLUB CIR  
VILLAGE OF GOLF, FL 33436 US

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

THOMAS O. WELLS, P.A.  
540 BILTMORE WAY  
CORAL GABLES, FL 33134 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: THOMAS O. WELLS

02/19/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: THE ARAGON GROUP, IN, C.  
Address: 301 EAST DANIA BCH BLVD.  
City-St-Zip: DANIA, FL 33004

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SNYDER, STEPHEN F MGR  
Address: 770 E. ATLANTIC AVENUE, SUITE 201  
City-St-Zip: DELRAY BEACH, FL 33483

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: STEPHEN F. SNYDER

MGR

02/19/2008

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