

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90016 008 ***138.75

DOCUMENT # L03000023364

1. Entity Name

TERRA DEL SOL DEVELOPMENTS, LLC



Principal Place of Business

2508 ANDALUSIA BLVD
UNIT 3
CAPE CORAL FL 33909

Mailing Address

2508 ANDALUSIA BLVD
UNIT 3
CAPE CORAL FL 33909



2. Principal Place of Business - No P.O. Box #

24393 Lucas Way

3. Mailing Address

24393 Lucas Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

Punta Gorda FL

City & State

Punta Gorda FL

4. FEI Number

41-2104204

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MATTESICH, FRINEE
2508 ANDALUSIA BLVD.
UNIT 3
CAPE CORAL FL 33909

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

24393 Lucas Way

Punta Gorda

FL

33955

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, typed or printed name of registered agent, or both, if applicable

(NOTE: Registered Agent signature required when terminating)

3/5/08

FILE NOW!!! FEE IS \$138.75

After May 1, 2008, Fee Will Be \$538.75

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATTESICH, FRINEE 2508 ANDALUSIA BLVD, UNIT 3 CAPE CORAL FL 33909	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATTESICH FRINEE 24393 Lucas Way Punta Gorda FL 33955	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 Section 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Signature Printed Name

3/5/08