

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2004 8:00 am
Secretary of State

03-08-2004 90275 050 ****50.00

DOCUMENT # L03000033971 1. Entity Name TERRA CEIA HOLDINGS, LLC					
Principal Place of Business 401 TERRA CEIA ROAD TERRA CEIA, FL 34250			Mailing Address P.O. BOX 298 TERRA CEIA, FL 34250		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02192004 Ctg-LLC CR2E083 (10/03)	
Zip		Country		4. FEI Number 30-0241083	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent PENNINGTON, RUSSELL R SR. 401 TERRA CEIA ROAD TERRA CEIA, FL 34250				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PENNINGTON, RUSSELL R SR. 401 TERRA CEIA ROAD TERRA CEIA, FL 34250	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
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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 exemption stated in Section 119.07(3)(f), 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 605, Florida Statutes.					
SIGNATURE: <u>Russell R Pennington</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					

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