



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90041 019 \*\*\*\*50.00

|  |   |  |  |   |  |
|--|---|--|--|---|--|
| <b>DOCUMENT # L03000040626</b><br>1. Entity Name<br><b>THE ALTERRA GROUP, LLC</b>  |   |  |  |  |  |
| Principal Place of Business<br><b>1914 ART MUSEUM DR.<br/>JACKSONVILLE, FL 32207</b>   |   |  | Mailing Address<br><b>1914 ART MUSEUM DR.<br/>JACKSONVILLE, FL 32207</b>   |   |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |  |   |  |
| City & State   |   | City & State   |  |   |  |
| Zip  | Country   | Zip  | Country  | 03202007    Chg-LLC    CR2E083 (12/06)  |  |
| 4. FEI Number<br><b>56-2413502</b>   |   |  |  | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |  |  | <b>\$5.00</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>TROUP, KEVIN L<br/>1914 ART MUSEUM DR.<br/>JACKSONVILLE, FL 32207</b>  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |   |  |
| 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 _____ (NOTE: Registered Agent signature required when re-registering)    DATE _____  |   |  |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |   | <b>Make check payable to<br/>Florida Department of State</b> |  |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |  | <b>10. ADDITIONS/CHANGES</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR<br/>PYBURN, WILLIAM T III<br/>1914 ART MUSEUM DR.<br/>JACKSONVILLE, FL 32207</b> | <input type="checkbox"/> Delete                              |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR<br/>TROUP, KEVIN L<br/>1914 ART MUSEUM DR.<br/>JACKSONVILLE, FL 32207</b>        | <input type="checkbox"/> Delete                              |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <b>MGR<br/>LAURENCE R. TOWERS<br/>1914 ART MUSEUM DR.<br/>JACKSONVILLE, FL 32207</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> 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. |   |  |  |   |  |
| <b>SIGNATURE:</b>   |   |  | Date: <b>4/16/07</b> Daytime Phone # _____   |   |  |