

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90296 032 ****50.00

DOCUMENT # L04000008527

1. Entity Name
TERRA VERDE COMMUNICATIONS, LLC



Principal Place of Business
365 TAFT-VINELAND RD
SUITE 365
ORLANDO, FL 32824

Mailing Address
365 TAFT-VINELAND RD
SUITE 365
ORLANDO, FL 32824



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

03112006 Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3782876

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DESHPANDC, ANIL
5200 VINELAND RD, STE 200
ORLANDO, FL 32811

Name William J. Strickler
Street Address (P.O. Box Number is Not Acceptable) 365 TAFT-VINELAND RD / SUITE 101
City Orlando FL 32824

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 William J. Strickler 3/29/06
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 4, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME STRICKLER, WILLIAM J
STREET ADDRESS 365 TAFT-VINELAND RD / SUITE 101
CITY-ST-ZIP ORLANDO, FL 32824

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☒ Delete
NAME FROELICH, SEAN
STREET ADDRESS 5200 VINELAND RD. / SUITE 200
CITY-ST-ZIP ORLANDO, FL 32811

TITLE MGR ☒ Change ☐ Addition
NAME Charles F. Cavaretta
STREET ADDRESS 5200 VINELAND RD., Suite 200
CITY-ST-ZIP Orlando, FL 32811

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/29/06 (407) 240-4040
Date Daytime Phone #