


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000015906


1. Entity Name
TERA LLC



Principal Place of Business
10719 100 STREET SOUTH
BOYNTON BEACH, FL 33437

Mailing Address
3260 NW 23RD AVE.
STE. 400
POMPANO BEACH, FL 33069

DO NOT WRITE IN THIS SPACE



03222007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0792085	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KHALSA, DEVA SINGH
10719 100 STREET SOUTH
BOYNTON BEACH, FL 33437

**DO NOT WRITE
IN THIS SPACE**

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: Deva S. Khalsa DATE: 3/23/07

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 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DEVA SINGH KHALSA LIVING TRUST 10719 100 STREET SOUTH BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DEVA KAUR KHALSA LIVING TRUST 10719 100 STREET SOUTH BOYNTON BEACH, FL 33437
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04/03/07-80011-018 50.00

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IN THIS SPACE**

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: Deva S. Khalsa DATE: 3/23/07 DAYTIME PHONE: 954-973-8800

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