

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90103 048 ***138.75

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		
2. Principal Place of Business - No P.O. Box # 3260 NW 23rd Ave Suite, Apt. #, etc. Ste. 400		3. Mailing Address Suite, Apt. #, etc. City & State Pompano Beach FL		4. FEI Number 02252008 Chg-LLC CR2E083 (12/06) 20-0792085	
City & State Pompano Beach FL		City & State Pompano Beach FL		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 33069		Country Broward		6. Name and Address of Current Registered Agent KHALSA, DEVA SINGH 10719 100 STREET SOUTH BOYNTON BEACH, FL 33437	
7. Name and Address of New Registered Agent Name Khalsa, Deva Singh Street Address (P.O. Box Number is Not Acceptable) 3260 NW 23rd Ave. Ste. 400 City Pompano Beach FL Zip Code 33069		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: DATE: 2/25/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
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			10. ADDITIONS/CHANGES		
TITLE MGRM	NAME DEVA SINGH KHALSA LIVING TRUST		<input type="checkbox"/> Delete		
STREET ADDRESS 10719 100 STREET SOUTH	CITY-ST-ZIP BOYNTON BEACH, FL 33437		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE MGR	NAME DEVA KAUR KHALSA LIVING TRUST		<input type="checkbox"/> Delete		
STREET ADDRESS 10719 100 STREET SOUTH	CITY-ST-ZIP BOYNTON BEACH, FL 33437		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		
TITLE NAME	STREET ADDRESS 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.					
SIGNATURE: 2/25/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					