## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Apr 19, 2005 8:00 am Secretary of State DOCUMENT # L04000029166 04-19-2005 90026 038 \*\*\*\*50.00 RIGHT BRAIN TERRAIN, LLC Principal Place of Business Mailing Address 2508 LAKEWADECOURT 2508 LAKEWADECOURT **40038163** OFLANDO; FL 32806 US OFLANDO FL 32806 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 20-2403385 Not Applicable Zio . Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required -6.- Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TERRAL, FREDERIC Street Address (P.O. Box Number is Not Acceptable) 2508 LAKE WADE COURT ORLANDO, FL 32806 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 Signature Arge (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE Delete TITLE ☐ Addition ☐ Change NAME TERRAL, FREDERIC NAME STREET ADDRESS 2508 LAKE WADE COURT STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32806 CITY-ST-ZIP MGRM ППЕ ☐ Delete ☐ Change ☐ Addition TERRAL, MISA K NAME NAME STREET ADDRESS 2508 LAKE WADE COURT STREET ADDRESS City-ST-ZIP ORLANDO, FL 32806 CITY-SI-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP nns ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.