2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000038900

Entity Name: TERRA PAR MER LLC

Name:

Address:

City-St-Zip:

MCCULLAR, ROBERT L

56 SPIRES LANE, #14A

SANTA ROSA BEACH, FL 32459

FILED Apr 21, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 56 SPIRES LANE SUITE 14A SANTA ROSA BEACH, FL 32459 **New Mailing Address: Current Mailing Address:** 56 SPIRES LANE SUITE 14A SANTA ROSA BEACH, FL 32459 FEI Number: 20-1153786 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCCULLAR, ROBERT L 56 SPIRES LANE 14A SANTA ROSA BEACH, FL 32459 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES: MGRM Title: MGRM (X) Change () Addition () Delete FAISON, GREGORY B Name: FAISON, GREGORY B Name: P.O. DRAWER 1269 Address: P.O. DRAWER 681 Address: City-St-Zip: EUFAULA, AL 36027 City-St-Zip: EUFAULA, AL 36072 Title: MGR Title: () Delete () Change () Addition Name: BALKCOM, JAMES R JR. Name: Address: 78 LINDBERG DRIVE, N.E., 50 THE PARKSIDE Address: City-St-Zip: ATLANTA, GA 30305 City-St-Zip: Title: MGR () Delete Title: () Change () Addition MOORER, WILLIAM D JR. Name: Name: 3038 NANCY CREEK ROAD Address: Address: City-St-Zip: ATLANTA, GA 30327 City-St-Zip: Title: MGR () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT L MCCULLAR MM 04/21/2005