


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**


04-17-2008 90164 001 \*\*\*138.75

<b>DOCUMENT # L04000064472</b>	
1. Entity Name <b>TERRAVENTURES, LLC</b>	

Principal Place of Business <b>3200 US HWY 27 SOUTH SUITE 307 SEBRING, FL 33870</b>	Mailing Address <b>3200 US HWY 27 SOUTH SUITE 307 SEBRING, FL 33870</b>
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2. Principal Place of Business - No P.O. Box # <b>3200 US HWY 27 SOUTH</b>	3. Mailing Address <b>3200 US HWY 27 SOUTH</b>
Suite, Apt. #, etc. <b>SUITE 201</b>	Suite, Apt. #, etc. <b>SUITE 201</b>
City & State <b>SEBRING, FL</b>	City & State <b>SEBRING, FL</b>
Zip <b>33870</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent	
<b>WOHL, JAMES M 1800 STATE RD 17 SOUTH AVON PARK, FL 33825</b>	

	
04132008	Chg-LLC
CR2E083 (12/06)	
4. FEI Number <b>34-2040889</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to: Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR WOHL, JAMES M 1800 STATE RD 17 SOUTH AVON PARK, FL 33825</b> <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	<b>MGR WOHL, JERI B 1800 SR 17 S AVON PARK, FL 33825</b> <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
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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:** Jeri B. Wohl Jeri B. Wohl 4-14-08 863-382-3887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #