## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 16, 2005 8:00 am Secretary of State

DOCUMENT # L0400069591  1. Entity Name TERRA NOVA, LLC							03-16-2005 90291 050 ****55.00				
Principal Place of Business Mailing Address							20021051				
400 CAPITAL CIRCLE SE.  SUITE 18, #167  TALLAHASSEE, FL 32301 US  400 CAPITAL CIRCLE SE SUITE 18, #167 TALLAHASSEE, FL 32301 US					s						
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01172005	Chg-LLC	CR2E	083 (10/03)		
City & State			City & State		4. FEI Numb 20-2	9463716		<del> </del>	plied For t Applicable		
Zip	Zip Country		Zip Country		y 		of Status Desired	₩.	\$5.00 Add Fee Require		
	6. Name	and Address of Current I	Registered Agent	pistered Agent Name			d Address of New	Registered	Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET				-		ss (P.O. Box Number is Not Acceptable)					
TALLAHASSEE, FL 32301											
					City .	FL Zip Code					
	named entit		the purpose of changing its r	egistered	d office or regist	tered agent, or be	oth, in the State of F	lorida. I am	familiar with,	and accept	
SIGNATURE.	Signature, typed	or printed name of registered agent a	and title if applicable. (NOTE:	Registered	Agent signature requi	ired when reinstating)		DATE		<del></del>	
Fi	ling Fee	ls \$50.00 y 1, 2005	nd title if applicable. (NOTE:	Registered	Agent signature requi	red when reinstating)		ke check (	payable to nent of State	•	
Fi Di	ling Fee	ls \$50.00 y 1, 2005		*	Agent signature réqui	red when reinstating)	Florid	ke check ( la Departn	nent of State	<b></b>	
Fi	ling Fee	ls \$50.00 y 1, 2005		Registered .	Agent signature requi	red when reinstating)	Florid	ke check (	nent of State	■ Addition	
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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.

STREET ADDRESS CITY-ST-ZIP

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STREET ADDRESS

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850)294.6700

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Daytime Phone #