

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90026 037 ****55.00

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| DOCUMENT # L04000080098 | | | | | |
| 1. Entity Name TIERRA VENTURES, LLC | | | | | |
| Principal Place of Business 18980 S.W. 30TH STREET MIRAMAR, FL 33029 | | | Mailing Address 18980 S.W. 30TH STREET MIRAMAR, FL 33029 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 03042005 Chg-LLC CR2E083 (10/03) | |
| 4. FEI Number 20-1850136 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired | | | | <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BYRD, ROD M 18980 S.W. 30TH STREET MIRAMAR, FL 33029 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 <i>Rod M Byrd</i> | | Signature, typed or printed name of registered agent and title if applicable ROD M. BYRD | | DATE 4 MAR 05 | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| | | | MGRM ROD M. BYRD 18980 SW. 30TH ST. MIRAMAR, FL. 33029 | | |
| | | | MGRM JAMES D. ARCHIE 3640 LANGREHL RD. BALTIMORE, MD 21244 | | |
| | | | MGRM RHONDA V. BROWN 8735 LISA LANE RANDALLSTOWN, MD 21133 | | |
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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. | | | | | |
| SIGNATURE: <i>Rod M Byrd</i> | | Signature and TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE ROD M. BYRD | | Date 4 MAR 05 Daytime Phone # (305) 494-3954 | |