2008.LIM D LIABILITY COMPANY NUAL REPORT

D&CUMENT # L04000080384

1. Entity Name
TERRA PALMS, LLC



FILED Apr 16, 2008 08:00 A Secretary of State

Principal Place of Business

9070 SW 157TH STREET MIAMI, FL 33157

Mailing Address

9070 SW 157TH STREET MIAMI, FL 33157



DO NOT WRITE IN THIS SPACE

03312008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-1879644 Applied For
Not Applicable

5. Certificate of Status Desired Fee Regulred

5. Regulred
Fee Regulred

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

FEUERMAN, JONATHAN ESQ. 9070 SW 157TH STREET MIAMI, FL 33157 DO NOT WRITE IN THIS SPACE

| 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. | |
| | | |
| SI | GNATURE | |

(NOTE: Registered Agent signature required when reinstating)

FiLE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U00000300174 U4/29/U8-8U017-022 150.00

| 9. | MANAGING MEMBERS/MANAGERS | |
|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | MBR JEFFREY, TANNER 9070 SW 157TH STREET MIAMI, FL 33157 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| 11. I hereby certify that the information supplied with this filling does not qualify for the e | | |

DO NOT WRITE

11. I hereby certify that the information supptied with this filling 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, Fiorida Statutes.

SIGNATURE:

SIGNATURE AND TYPED DEPRINTED NAME OF PIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-13-08

Daytime Phone #