

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000082288</b>	
1. Entity Name TERRASUR INVESTMENTS, LLC	
Principal Place of Business 605 OAKS DRIVE APT. #706 POMPANO BEACH, FL 33069 US	Mailing Address 605 OAKS DRIVE APT. #706 POMPANO BEACH, FL 33069 US



01092007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-2187940	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  SARDINAS, ABEL R 605 OAKS DRIVE APT. #706 POMPANO BEACH, FL 33069
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

U000000584753  
01/12/07-80050-007 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SARDINAS, ABEL R SR. 605 OAKS DRIVE, APT. 706 POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SARDINAS, ABEL JR 6293 ETHAN DRIVE LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEYVA, ALIRIO 4447 NW 65TH STREET COCONUT CREEK, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EGOAVIL, LUIS E 605 OAKS DRIVE, APT. 706 POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:**

*Abel R Sardinias*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*Abel R Sardinias-1-09-07*

Date

Daytime Phone # 954-968-3161