FILED Apr 10, 2008 8:00 am Secretary of State

ANNUAL REPORT

DOCUMENT # L05000002364 TERRA DEL SOL PLAZA, LLC **Inopola Place of Business Multing Address 5115 (ANNIK KRANEY BLVD PO BOX \$299 TAMPA, FL 33619		ANNUAL	REPORT		_	Secreta	ary or S	iaie
\$115 IONNEE KEARKEY BLVD TAMPA, FL 33619 2. Principal Place of Business - No P.O. Box n Suite, Act. n, etc. City & State Country 7/p Country 7/p Country 7/p Country 8. Conficult of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of Now Registered Agent 7. Name and Address of Now Registered Agent Seed, Address (F.O. Box Number is Not Acceptable) FLE Seed, Address (F.O. Box Number is Not Acceptable) Seed, Address (F.O. Box Number is Not Acceptable) City FL Zip Code Seed, Address (F.O. Box Number is Not Acceptable) FLE Norm Seed, Address (F.O. Box Number is Not Acceptable) FLE Norm Seed, Address (F.O. Box Number is Not Acceptable) FLE Norm City FL Zip Code Seed, Address (F.O. Box Number is Not Acceptable) FLE Norm Seed, Address (F.O. Box Number is Not Acceptable) FLE Norm Seed, Address (F.O. Box Number is Not Acceptable) FLE Norm Seed, Address (F.O. Box Number is Not Acceptable) FLE Norm Seed, Address (F.O. Box Number is Not Acceptable) FLE Norm Seed, Address (F.O. Box Number is Not Acceptable) FLE Norm Seed, Address (F.O. Box Number is Not Acceptable) FLE Norm Seed, Address (F.O. Box Number is Not Acceptable) FLE Norm Norm Seed, Address (F.O. Box Number is Not Acceptable) FLE Norm Norm Seed, Address (F.O. Box Number is Not Acceptable) FLE Norm No	1. Entity Name						-	
Suits ADME REARRY BLVD TAMPA, FL 33619 TAMPA, FL 33615 TAMPA, FL 33615 TAMPA, FL 33619 TAM	Principal Plac	e of Business	Mailing Address	<u> </u>	٦			
Suite, Apt. #, etc.	5115 JOANNE KEARNEY BLVD		PO BOX 5299		60021777			
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City & State City & State Country Co	2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address					
Zip	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01182008	Chg-LLC	CR2E083 (12/06	5)
S. Name and Address of Current Registered Agent REED, JAMES M S115 JOANNIE KEARNEY BLVD TAMPA, FL 33619 City City FL Zip Code City City City FL Zip Code City City City FL Zip Code City City City City City City FL Zip Code City City City City FL Zip Code City City City City City City City City	City & State		City & State		I		⊢	
Name	Zip	Country	Zip	Country				
STREET ADDRESS NOTIFIED TO TAMPA, FL 33619 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Xip Code City FL Zip Code City F		6. Name and Address of Current	Registered Agent	<u> </u>	7. Name an	d Address of New	Registered Agent	
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				Name	•			
R. 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 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 11TLE MGRM Delete TITLE NAME Change Addition	5115 JOANNE KEARNEY BLVD			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
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FILE NOW!!! FEE IS \$1.38.75 After May 1, 2008 Fee will be \$53.8.75 Make check payable to Florida Department of State			r the purpose of changing its	registered office or regist	ered agent, or bo	oth, in the State of F	lorida. I am familiar wil	h, and accept
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE MGRM	SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature requir	ed when reinstating)		DATE	
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SIGNATURE:

(813) 435-7777