

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-13-2006 90032 018 ****50.00

DOCUMENT # L05000037231 1. Entity Name TERRA ACQUISITION GROUP, LLC					
Principal Place of Business 4301 NE 1ST TERRACE SUITE 3 OAKLAND PARK, FL 33334			Mailing Address 4301 NE 1ST TERRACE SUITE 3 OAKLAND PARK, FL 33334 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02022006 Chg-LLC CR2E083 (11/05)	
4. FEI Number PR-0743961				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FLORIDA VACANT LAND COMPANY, LLC 4301 NE 1ST TERRACE SUITE 3 OAKLAND PARK, FL 33334				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLORIDA VACANT LAND COMPANY, LLC 4301 NE 1ST TERRACE, SUITE 3 OAKLAND PARK, FL 33334	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DREAM LAND PARTNERS, LLC 10960 NW 2ND STREET PLANTATION, FL 33324	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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 606, Florida Statutes.			SIGNATURE: <i>Matthew Spade</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 4/4/06		
			Daytime Phone # 954-449-1475		