2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L05000054477 03-12-2007 90482 011 ****50.00 TERRA CEIA PROPERTIES LLC Principal Place of Business Mailing Address 60022440 9321 MOCCASIN WALLOW RD. PO BOX 97 PARRISH, FL 34219 TERRA CEIA, FL 34250 03062007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WIMPY, ALAN JON DO NOT WRITE 9321 MOCCASIN WALLOW RD. PARRISH, FL 34219 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE WIMPY, ALAN JON NAME PO BOX 97 STREET ADDRESS CITY-ST-ZIP TERRA CEIA, FL 34250 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE T/TLE STREET ADDRESS CITY-ST-ZIP TITLE

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.

CIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

RINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-1-07

941-776-8706

Daytime Phone #

FILED Mar 12, 2007 8:00 am