

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

05-02-2006 90039 015 *****50.00
L05000066001

DOCUMENT # L05000066001

1. Entity Name
TERCEIRA DEVELOPMENT, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2006 JUN 14 PM 4:31

Principal Place of Business
819 PINEDALE ROAD
FT WALTON BEACH, FL 32547

Mailing Address
819 PINEDALE ROAD
FT WALTON BEACH, FL 32547



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01182006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-4305430

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LARSON, LOWELL C JR
819 PINEDALE ROAD
FT WALTON BEACH, FL 32547

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

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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME SOUTHERN VENTURES OF OKALOOSA COUNTY, INC.
STREET ADDRESS 819 PINEDALE ROAD
CITY-ST-ZIP FT WALTON BEACH, FL 32547

TITLE MGR ☒ Change ☐ Addition
NAME SOUTHERN VENTURES OF OKALOOSA COUNTY, INC.
STREET ADDRESS 819 PINEDALE RD.
CITY-ST-ZIP FORT WALTON BEACH, FL 32547

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 prepare this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Lowell C Larson, Jr. 4/28/06

Date

Daytime Phone #