FILED 2006 LIMITED LIABILITY COMPANY Jan 30, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L05000066416 1. Entity Name CLARK TERRA FIRMA, LLC Principal Place of Business Mailing Address 4618 8TH ST. COURT EAST 4618 8TH ST. COURT EAST ELLENTON, FL 34222 US ELLENTON, FL 34222 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242006 CR2E083 (11/05) Chg-LLC 4. FEI Number City & State Applied For City & State Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CLARK, CURTIS Street Address (P.O. Box Number is Not Acceptable) 4618 8TH ST. COURT EAST ELLENTON, FL 34222 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 Make check payable to Due by May 1, 2006 Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGR ☐ Addition TITLE Delete TITLE CLARK, CURTIS NAME NAME STREET ADDRESS 4618 8TH ST. COURT EAST STREET ADDRESS CITY-ST-7IP ELLENTON, FL 34222 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition

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.

NAME

TITLE

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

☐ Delete

Delete

☐ Change

☐ Change

Addition

☐ Addition