2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000076404

Entity Name: TERAVISION TECHNOLOGIES LLC

FILED Feb 15, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

45 SKYLINE DRIVE 45 SKYLINE DRIVE **SUITE 1009**

SUITE 1001

LAKE MARY, FL 32746 LAKE MARY, FL 32746 US

New Mailing Address: Current Mailing Address:

45 SKYLINE DRIVE 45 SKYLINE DRIVE

SUITE 1009 SUITE 1001

LAKE MARY, FL 32746 US LAKE MARY, FL 32746 US

FEI Number: 20-3264285 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ARCIA, RICARDO ARCIA, RICARDO 45 SKÝLINE DRIVE 45 SKYLINE DRIVE

SUITE 1009 SUITE 1001 LAKE MARY, FL 32746 US LAKE MARY, FL 32746 US

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.

SIGNATURE: RICARDO ARCIA 02/15/2008

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

MGRM () Delete ARCIA, RICARDO Name:

976 ROCK HARBOR AVE Address: City-St-Zip: ORLANDO, FL 32828 US

Title: MGRM () Delete ONDARZA, OSWIN Name:

Address: 489 SUN LAKE CIR APT 111 City-St-Zip: LAKE MARY, FL 32746 US

Title: MGRM () Delete FUENTES, ENRIQUE Name: 976 ROCK HARBOR AVE Address:

ORLANDO, FL 32828 US

Title: () Delete

Name: Address: City-St-Zip:

City-St-Zip:

ADDITIONS/CHANGES:

Title: (X) Change () Addition

ARCIA, RICARDO Name:

Address: 1440 LAKE SHADOW CIR 8104 City-St-Zip: MAITLAND, FL 32751 US

(X) Change () Addition Title: MGRM

Name: ONDARZA, OSWIN

Address: 1440 LAKE SHADOW CIR 8104 City-St-Zip: MAITLAND, FL 32751 US

Title: MGRM (X) Change () Addition

FUENTES, ENRIQUE Name: Address: 45 SKYLINE DR 1001 City-St-Zip: LAKE MARY, FL 32746 US

Title: MGRM () Change (X) Addition

Name: FELIX, MALDIFASSI Address: 45 SKYLINE DR 1001 City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: RICARDO ARCIA 02/15/2008