

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000076404

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: TERAVISION TECHNOLOGIES LLC

**Current Principal Place of Business:**

45 SKYLINE DRIVE  
SUITE 1001  
LAKE MARY, FL 32746 US

**New Principal Place of Business:**

**Current Mailing Address:**

45 SKYLINE DRIVE  
SUITE 1001  
LAKE MARY, FL 32746 US

**New Mailing Address:**

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

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

ARCIA, RICARDO  
45 SKYLINE DRIVE  
SUITE 1001  
LAKE MARY, FL 32746 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ARCIA, RICARDO  
Address: 1440 LAKE SHADOW CIR 8104  
City-St-Zip: MAITLAND, FL 32751 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: ONDARZA, OSWIN  
Address: 1440 LAKE SHADOW CIR 8104  
City-St-Zip: MAITLAND, FL 32751 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: FUENTES, ENRIQUE  
Address: 45 SKYLINE DR 1001  
City-St-Zip: LAKE MARY, FL 32746 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: FELIX, MALDIFASSI  
Address: 45 SKYLINE DR 1001  
City-St-Zip: LAKE MARY, FL 32746

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

MR

03/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date