


2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Apr 12, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L05000079620</b> 1. Entity Name TERRA MARIQE POTENS, LLC	
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Principal Place of Business 712 SOUTH OREGON AVENUE TAMPA, FL 33606-2543	Mailing Address 712 SOUTH OREGON AVENUE TAMPA, FL 33606-2543
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02072007 No Chg-LLC

CR2E083 (11/05)

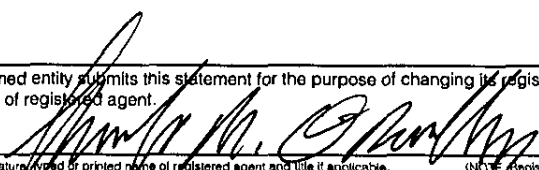
**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-4303741	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  O'MALLEY, ANDREW M 712 SOUTH OREGON AVENUE TAMPA, FL 33606-2543
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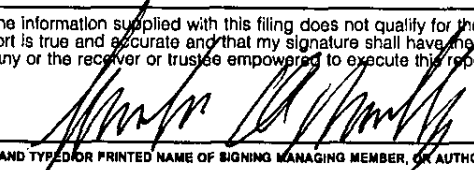
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE:  <small>Signature of registered agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE: 4/10/07

Filing Fee is \$50.00  
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'MALLEY, ANDREW M 712 SOUTH OREGON AVENUE TAMPA, FL 336062543
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000702652 04/20/07-80108-004 50.00  <b>DO NOT WRITE IN THIS SPACE</b>
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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.	
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	DATE: 4/10/07 DAYTIME PHONE #: 813-250-0577