


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000095927 1. Entity Name SHOPPES AT TERRA BELLA, LLC	
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Principal Place of Business 16502 N DALE MABRY TAMPA, FL 33618	Mailing Address 16502 N DALE MABRY TAMPA, FL 33618
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DO NOT WRITE IN THIS SPACE

01152007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3560071	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

SPRAGUE, PATRICK F
1904 E BUSCH BLVD
TAMPA, FL 33612

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARR INTERNATIONAL HOLDING CO LLC 16502 NORTH DALE MABRY HIGHWAY TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BG LAND TRUST 18921 AVENUE BIARRITZ LUTZ, FL 33558
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01/18/07-80073-021 50.00

**DO NOT WRITE
IN THIS SPACE**

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: David L. Carr, Jr. AS PRESIDENT DAVID L. CARR JR 1-15-07 813-269-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____