

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000112737

FILED
Apr 19, 2006
Secretary of State

Entity Name: TERPENING HOLDINGS, LLC

Current Principal Place of Business:

2980 SOUTH 25TH STREET
FT PIERCE, FL 34982

New Principal Place of Business:

2980 SOUTH 25TH STREET
FORT PIERCE, FL 34981

Current Mailing Address:

2980 SOUTH 25TH STREET
FT PIERCE, FL 34982

New Mailing Address:

2980 SOUTH 25TH STREET
FORT PIERCE, FL 34981

FEI Number: 20-3843948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABERMETJU, BRUCE R JR
900 VIRGINIA AVENUE, SUITE 6
FT PIERCE, FL 34982 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: MGR () Delete
Name: TERPENING, JAMES P JR
Address: 2980 SOUTH 25TH STREET
City-St-Zip: FT PIERCE, FL 34982

Title: MGR () Delete
Name: TERPENING, SHERRY T
Address: 2980 SOUTH 25TH STREET
City-St-Zip: FT PIERCE, FL 34982

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TERPENING, JAMES P JR
Address: 2980 SOUTH 25TH STREET
City-St-Zip: FORT PIERCE, FL 34981 US

Title: MGR (X) Change () Addition
Name: TERPENING, SHERRY T
Address: 2980 SOUTH 25TH STREET
City-St-Zip: FORT PIERCE, FL 34981 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES P TERPENING JR

MGR

04/19/2006

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