

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L05000113523

1. Entity Name  
TERRA FIRMA ENTERPRISES, LTD. CO.



Principal Place of Business  
18003 SORREL ROAD  
FOUNTAIN, FL 32438

Mailing Address  
P.O. BOX 215  
FOUNTAIN, FL 32438

**FILED**  
**May 31, 2007 08:00 A**  
**Secretary of State**



04202007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 01-0849978	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

WHITE, DAVID L  
18003 SORREL ROAD  
FOUNTAIN, FL 32438

**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: DAVID L. WHITE David L. White  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating) DATE

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITE, DAVID L 18003 SORREL ROAD FOUNTAIN, FL 32438
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITE, JEFFRY A 1304 MOON COURT SOUTHPORT, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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06/01/07-80012-012 50.00

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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: David L. White David L. White 5/29/07 850-624-4785  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #