
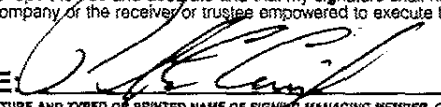


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 A
Secretary of State

DOCUMENT # L05000116807		
1. Entity Name TERRA-CHINOY, LLC		
Principal Place of Business 250 AVENUE K SW WINTER HAVEN, FL 33880	Mailing Address 250 AVENUE K SW WINTER HAVEN, FL 33880	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BRINSON, J. KEMP 255 MAGNOLIA AVE., S.W. WINTER HAVEN, FL 33880		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASSIDY, PETER E 250 AVENUE K SW WINTER HAVEN, FL 33880	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date _____ Daytime Phone # _____



01112007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3746331	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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01/26/07-80033-016 50.00