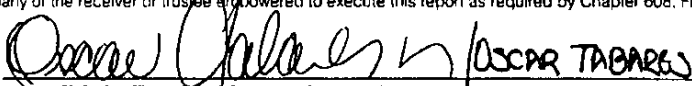


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 14, 2007 8:00 am
Secretary of State

03-12-2007 90484 029 ****50.00
08-27-2007 90121 027 ****50.00

DOCUMENT # L06000035571 1. Entity Name - TERRA ONE, LLC					
Principal Place of Business 9590 N.W. 89 AVENUE MEDLEY FL 33178 US			Mailing Address 9590 N.W. 89 AVENUE MEDLEY FL 33178 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-4844461	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBERT A. BRANDT, P.A. 696 N.E. 125 STREET N. MIAMI FL 33161				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: Provisional Agents' signature is required when renewing) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TABARES, OSCAR JR. 9590 N.W. 89 AVENUE MEDLEY FL 33178	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TABARES, OSCAR III 9590 N.W. 89 AVENUE MEDLEY FL 33178	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
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:  OSCAR TABARES 8/22/07 305-882-8826					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					