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	Mailing Address
9590 N.W. 89 AVENUE MEDLEY FL 33178 US	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
Zip / Country	Zip / Country

2nd MOORE CR2E083 (4/07)

4. FEI Number 20-4844461 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROBERT A. BRANDT, P.A. 696 N.E. 125 STREET N. MIAMI FL 33161	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 ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TABARES, OSCAR III 9590 N.W. 89 AVENUE MEDLEY FL 33178	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: [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 #