

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

03-30-2007 90035 037 ****50.00

DOCUMENT # L06000100563																																																																						
1. Entity Name TERRON, L.L.C.																																																																						
Principal Place of Business 2052 VISTA DRIVE NORTH PALM BEACH, FL 33408		Mailing Address 2052 VISTA DRIVE NORTH PALM BEACH, FL 33408																																																																				
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																																																																			
		03142007 Chg-LLC CR2E083 (12/06)																																																																				
4. FEI Number 20-8062300		Applied For ☐ Not Applicable																																																																				
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required																																																																				
6. Name and Address of Current Registered Agent CRARY, LAWRENCE E III 555 COLORADO AVENUE STUART, FL 34994		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 _____		DATE _____																																																																				
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State																																																																				
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES																																																																				
<table border="1"> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY - ST - ZIP</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP																													<table border="1"> <tr> <td>TITLE</td> <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY - ST - ZIP</td> <td>☐ Change ☒ Addition</td> </tr> <tr> <td></td> <td>managing member</td> <td>Travis Blain</td> <td>2052 Vista Drive N. Palm Beach, FL 33408</td> <td></td> </tr> <tr> <td></td> <td>managing member</td> <td>Kristin Blain</td> <td>2052 Vista Drive N. Palm Beach, FL 33408</td> <td></td> </tr> <tr> <td></td> <td>managing member</td> <td>Colin Mack</td> <td>3571 S.E. Leonard Lane Stuart, FL 34997</td> <td></td> </tr> <tr> <td></td> <td>managing member</td> <td>Anne Mack</td> <td>3571 S.E. Leonard Lane Stuart, FL 34997</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>☐ Change ☐ Addition</td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☒ Addition		managing member	Travis Blain	2052 Vista Drive N. Palm Beach, FL 33408			managing member	Kristin Blain	2052 Vista Drive N. Palm Beach, FL 33408			managing member	Colin Mack	3571 S.E. Leonard Lane Stuart, FL 34997			managing member	Anne Mack	3571 S.E. Leonard Lane Stuart, FL 34997						☐ Change ☐ Addition					☐ Change ☐ Addition
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as we were instructed, we are putting down "managing member" for our title because we don't have titles. See page 2																																																																						
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 606, Florida Statutes.																																																																						
SIGNATURE: 		3-14-07 (772) 283-2300																																																																				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #																																																																				