

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000109906

Entity Name: TERRAFORM LLC

FILED
Aug 02, 2007
Secretary of State

Current Principal Place of Business:

40442 SUNBURST DRIVE
DADE CITY, FL 33525 US

New Principal Place of Business:

40438 SUNBURST DRIVE
DADE CITY, FL 33525 US

Current Mailing Address:

40442 SUNBURST DRIVE
DADE CITY, FL 33525 US

New Mailing Address:

40438 SUNBURST DRIVE
DADE CITY, FL 33525 US

FEI Number: 20-5938958 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
1111 LINCOLN ROAD
SUITE 400
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HESKETT, BOBBY S
Address: 40442 SUNBURST DRIVE
City-St-Zip: DADE CITY, FL 33525 US

Title: MGRM () Delete
Name: HESKETT, BENJAMIN L
Address: 40442 SUNBURST DRIVE
City-St-Zip: DADE CITY, FL 33525 US

Title: MGRM () Delete
Name: HESKETT, BOBBY L
Address: 40442 SUNBURST DRIVE
City-St-Zip: DADE CITY, FL 33525 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BOBBY SHEA HESKETT

CFO

08/02/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date