


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 03, 2008 8:00 am
Secretary of State

05-22-2008 90516 021 ***138.75

DOCUMENT # L07000125894			
1. Entity Name TERRA VISTA, LLC			
Principal Place of Business 1700 SUMMIT LAKE DRIVE TALLAHASSEE, FL 32317		Mailing Address 1700 SUMMIT LAKE DRIVE TALLAHASSEE, FL 32317	
2. Principal Place of Business - No P.O. Box # 1625 Summit Lake Drive Suite, Apt. #, etc. 229		3. Mailing Address 1625 Summit Lake Drive Suite, Apt. #, etc. 229	
City & State Tallahassee, FL		City & State Tallahassee, FL	
Zip 32317		Country U.S.A.	
4. FEI Number 59-3477611		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent HARRIS, FRED 101 EAST COLLEGE AVE. TALLAHASSEE, FL 32301		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when representing.</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$638.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Richard S. Kearney 1700 Summit Lake Drive Tallahassee, FL 32317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President George C. Banks 1625 Summit Lake Drive, Suite 229 Tallahassee, FL 32317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Julia M Stewart</u>		4-23-2008 850-219-5289	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF DESIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Current Phone #</small>			