

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 21, 2010
Secretary of State

Entity Name: TERRALARGO LAND, LLC

Current Principal Place of Business:

201 ALHAMBRA CIRCLE
12TH FLOOR
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

201 ALHAMBRA CIRCLE
12TH FLOOR
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 27-1456653 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KERRIGAN, JUANITA I
201 ALHAMBRA CIRCLE
12TH FLOOR
CORAL GABLES, FL 33134 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
Name: AVATAR PROPERTIES INC.
Address: 201 ALHAMBRA CIRCLE, 12TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134 US

Title: P
Name: LEVY, MICHAEL
Address: 201 ALHAMBRA CIRCLE, 12TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134 US

Title: VT
Name: KOTLER, RANDY L
Address: 201 ALHAMBRA CIRCLE, 12TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134 US

Title: VS
Name: KERRIGAN, JUANITA I
Address: 201 ALHAMBRA CIRCLE, 12TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134 US

Title: V
Name: FLETCHER, PATRICIA K
Address: 201 ALHAMBRA CIRCLE, 12TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134 US

Title: V
Name: BOROSS, MELISA R
Address: 201 ALHAMBRA CIRCLE, 12TH FLOOR
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby 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: JUANITA I. KERRIGAN

VS

04/21/2010

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