

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90084 029 \*\*\*\*50.00

**DOCUMENT # M04000001454**

1. Entity Name  
**LATERRA, LLC**



Principal Place of Business  
**824 MARKET STREET, SUITE 900  
WILMINGTON, DE 19081**

Mailing Address  
**824 MARKET STREET, SUITE 900  
WILMINGTON, DE 19081**

**20003822**



01062005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0982917**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	RAHUBA, BARTLEY J
STREET ADDRESS	1800 GRANT BUILDING
CITY-ST-ZIP	PITTSBURGH, PA 15219
TITLE	MGR
NAME	HEAD, DAVID E JR.
STREET ADDRESS	18300 SCENIC HIGHWAY 98, SUITE B
CITY-ST-ZIP	FAIR HOPE, AL 36564
TITLE	MGR
NAME	LEFFARD, DAVID
STREET ADDRESS	P.O. BOX 230
CITY-ST-ZIP	POINT CLEAR, AL 36564
TITLE	MGR
NAME	SLOAN, WAYNE
STREET ADDRESS	200-1 REGISTRY BOULEVARD
CITY-ST-ZIP	ST. AUGUSTINE, FL 32092
TITLE	MGR
NAME	PETAK, JOSEPH G
STREET ADDRESS	1800 GRANT BUILDING
CITY-ST-ZIP	PITTSBURGH, PA 15219
TITLE	MGR
NAME	SVORCEK, JOHN A
STREET ADDRESS	1800 GRANT BUILDING
CITY-ST-ZIP	PITTSBURGH, PA 15219

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #