## 2001 UNIFORM BUSINESS REPORT (UBR)

limited liability company or the

SIGNATURE:

DOCUMENT # L9900003181  1. Entity Name ABC TERRACE INVESTMENTS, L.C.					FILED. 01 MAY - 7 PM 3: 04			
Principal Place 420 OAK HAF UNIT #201 DESTIN FL 32	RBOUR LANE	Mailing Address P.O. BOX 5408 DESTIN FL 32540-5408	P.O. BOX 5408		SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		<b>4.</b> FEII	Number 59-3587451	<b>⊢</b>	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Cert	ificate of Status Desired	□ \$5.00 A Fee Requi		
6. Name and Address of Current Registered Agent				7. Nam	e and Address of New R	egistered Agent		
MCGILL, ROBERT E III 36008 EMERALD COAST PARKWAY, SUITE 301			Street Ac	Street Address (P.O. Box Number is Not Acceptable)				
DESTIN F								
			City		FL Zip Code			
SIGNATURE	named entity submits this statement for Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signatu	re required when reinsta	ing) [	DATE	 4 013	
		Make Check Pay	/able to Departm	nent of State	******	Ü.ÜÜ ****	50.00	
g. Title	MANAGING MEMBE	RS/MEMBERS	10.		ADDITIONS/		- Addition	
NAME STREET ADDRESS CITY-ST-ZIP	Carll, Donald R 420 Oak Harbour Lane, #201 Destin Fl 32541		NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP,			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST* ZIP		□ Delete	TITLE NAME STREET ADDRESS CITÝ-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
11. I hereby c indicated limited lial	ertify that the information supplied with on this report is true and accurate and t bility company or the receiver of trustee	this fling does not qualify for that my signature shall have the empowered to execute this re-	the exemption state ne same legal effect sport as required by	ed in Section 119. It as if made unde y Chapter 608, Flo	07(3)(i), Florida Statutes. I r oath; that I am a managi orida Statujes.	further certify that the ing member or manag	information ger of the	