

2004


AMENDED

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

04 JAN -9 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000009802	
1. Entity Name F.C. FOREST TRACE L.L.C.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5500 NW 69 AVENUE		3. Mailing Address 5500 NW 69 AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LAUDERHILL, FL		City & State LAUDERHILL, FL	
Zip 33319	Country USA	Zip 33319	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2729525		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
7. Name and Address of Current Registered Agent		
Name C.T. CORPORATION SYSTEM		
Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD		
City PLANTATION		FL Zip Code 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.

DATE _____

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR BLUFFSIDE DEVELOPMENT COMPANY 1160 TERMINAL TOWER, 50 PUBLIC SQUARE CLEVELAND OH 44113-2203	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500026635295 01/09/04-01100-001 **\$50.00
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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.

By: Forest City Bluffside Corporation
James J. Prohaska

10/22/03

216-416-3530

SIGNATURE _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Exec. Vice President

CR2E083B (12/02)