

13515  
**2003 LIMITED LIABILITY COMPANY  
 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 13, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92183 008 \*\*\*\*50.00

**DOCUMENT # L00000009802**

1. Entity Name

**F.C. FOREST TRACE L.L.C.**



Principal Place of Business

**50 PUBLIC SQUARE  
 730 TERMINAL TOWER  
 CLEVELAND OH 44113  
 US**

Mailing Address

**50 PUBLIC SQUARE  
 730 TERMINAL TOWER  
 CLEVELAND OH 44113  
 US**

2. Principal Place of Business

**1160 Terminal Tower**

Suite, Apt. #, etc.

**50 Public Square**

City & State  
**Cleveland, Ohio**

Zip  
**44113**

Country  
**US**

3. Mailing Address

**1160 Terminal Tower**

Suite, Apt. #, etc.

**50 Public Square**

City & State  
**Cleveland, Ohio**

Zip  
**44113**

Country  
**US**

4. FEI Number **31-1786288**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MEM** ☐ Delete  
 NAME **BLUFFSIDE DEVELOPMENT COMPANY**  
 STREET ADDRESS **1170 TERMINAL TOWER, 50 PUBLIC SQUARE**  
 CITY-ST-ZIP **CLEVELAND OH 44113-2203**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ~~MEM~~ **MGRM** ☒ Change ☐ Addition  
 NAME **Bluffside Development Company**  
 STREET ADDRESS **1160 Terminal Tower, 50 Public Square**  
 CITY-ST-ZIP **Cleveland, Ohio 44113**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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.

**BLUFFSIDE DEVELOPMENT COMPANY**

SIGNATURE: **By: Forest City Bluffside Corporation**

**4/18/03**

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

Date

Daytime Phone #

**James D. Prohaska, Vice President**

CR2E083 (10/02)