

2003

# **LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000009802

1. Entity Name

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



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JUN -5 AM 10:09

W 6/16

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5500 NW 69 AVENUE

Suite, Apt. #, etc.

3. Mailing Address

5500 NW 69 AVENUE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

LAUDERHILL FL 33313

City &amp; State

LAUDERHILL FL 33319

4. FEI Number

59-2729525

Applied For

Not Applicable

Zip

33319

Country

USA

Zip

33319

Country

USA

5. Certificate of Status Desired ☐\$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

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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-STATE-ZIP

MEM  
BLUFFSIDE DEVELOPMENT COMPANY  
1170 TERMINAL TOWER, 50 PUBLIC  
CLEVELAND OH 44113 SQUARE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
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400020545484  
06/05/03--01074--002 \$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.

SIGNATURE

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

5/29/03

216-416-3530

Date

Daytime Phone #

Executive Vice President

CR2E083B (12/02)