

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 07, 2004 8:00 am
Secretary of State

04-20-2004 90192 036 ***150.00

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DOCUMENT # L02000020328			
1. Entity Name 16 TERRACE ASSOCIATES L.L.C.			
Principal Place of Business 2740 E. OAKLAND PARK BLVD. #302 FORT LAUDERDALE FL 33306		Mailing Address 2740 E. OAKLAND PARK BLVD. #302 FORT LAUDERDALE FL 33306	
2. Principal Place of Business 2727 E. Oakland PK Blvd Suite, Apt. #, etc. 3rd Floor		3. Mailing Address 2727 E. Oakland PK Blvd Suite, Apt. #, etc. #3rd Floor	
City & State Fort Lauderdale Zip FL Country 33306 USA		City & State Ft Lauderdale FL 33306 Zip USA	
4. FEI Number 22-3866026		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		MOORE CR2E083 (11/03)	
6. Name and Address of Current Registered Agent JOHNSON, BARBARA 2740 E. OAKLAND PARK BLVD. #302- FORT LAUDERDALE FL 33306		7. Name and Address of New Registered Agent Name Barbara Johnson Street Address (P.O. Box Number is Not Acceptable) 2727 E. Oakland PK Blvd # 3rd Floor City Ft Lauderdale, FL Zip Code 33306	
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 <u>Barbara Johnson</u> DATE <u>4/14/04</u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS JOHNSON, BARBARA 2740 SE OAKLAND PARK BLVD., #302 FORT LAUDERDALE FL 33306	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS Johnson, Barbara 2727 E. Oakland PK Blvd 3rd Floor Ft. Lauderdale, FL 33306
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Barbara Johnson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			
<small>Date</small>		<small>Daytime Phone #</small>	