

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 20, 2003 8:00 am
Secretary of State

04-21-2003 90111 015 ****55.00

DOCUMENT # L02000024022

1. Entity Name

FALCON TRACE, LLC



Principal Place of Business

Mailing Address

12800 U.S. #1, #200
JUNO BEACH FL 33408

12800 U.S. #1, #200
JUNO BEACH FL 33408

44002010



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

134212148

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NORRIS, DAVID B
712 U.S. HIGHWAY ONE, SUITE 400
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name **John H. Bourassa, Principal**

Street Address (P.O. Box Number is Not Acceptable)
12800 U.S. Highway One

Suite 200

City **Juno Beach**

FL Zip Code
33408

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

John H. Bourassa

4/15/2003

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

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
Managing Member
Indeco, Inc.
12800 U.S. Hwy. One, Suite 200
Juno Beach, FL 33408

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
/Principal
John H. Bourassa
285 South Beach Road
Hobe Sound, FL 33455

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
Free Circle S.E.
FL 34955

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
33458

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

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:

John H. Bourassa, Member

4/15/2003

(561) 625-5325

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

Date Daytime Phone #

CR2E083 (10/02)