2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L04000014633 02-20-2008 90024 010 ***138.75 TERRACE COURT LLC Principal Place of Business Mailing Address 60009400 11812 N. 51ST STREET 11812 N. 51ST STREET TEMPLE TERRACE, FL 33617 TEMPLE TERRACE, FL 33617 01222008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent STAFFORD, S.L. DO NOT WRITE 15951 NORTH FLORIDA AVENUE LUTZ, FL 33549 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME FINGER, WALLACE R JR 11812 N 51ST STREET STREET ADDRESS CITY-ST-ZIP TEMPLE TERRACE, FL 336171404 NAME : STREET ADDRESS CITY-ST-ZIP TITLĖ NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANA

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

UTHORIZED REPRESENTATIVE

FILED Feb 20, 2008 8:00 am