2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000072757

1. Entity Name
TERRACES AT RIVER OAKS LLC

Principal Place of Business	Mailing Address
915 MIDDLE RIVER DRIVE SUITE 506 FT. LAUDERDALE, FL 33304	915 MIDDLE RIVER DRIVE SUITE 506 FT. LAUDERDALE, FL 33304

DO NOT WRITE IN THIS SPACE

02122007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-1773543	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MORAITIS, GEORGE R JR ESQ
915 MIDDLE RIVER DRIVE
SUITE 506
FT. LAUDERDALE, FL 33304

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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

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	BENSON, ROBERT B
STREET ADDRESS	915 MIDDLE RIVER DRIVE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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CITY-ST-ZIP	

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03/22/07-80021-018 50.00

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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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ ROBERT B BENSON 3/09/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #