2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 13, 2005 8:00 am
Secretary of State
04-18-2005 90078 038 ****50.00

DOCUMENT # L04000078047

1. Entity Name
FAITH TERRACE, LLC

Principal Place of Business	Mailing Address
32 STAPLES SHORE ROAD LAKEVILLE MA 02347 US	32 STAPLES SHORE ROAD LAKEVILLE MA 02347 US

JUUUD4UJ

1st MOORE CR2E083 (10/04)

2. Principal Place of Business	3. Mailing Address
22 Beech Tree Drive	P. O. Box 1265
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lakeville MASS	City & State: Lakeville MASS
Zip: 02347 Country: USA	Zip: 02347 Country: USA

4. FEI Number: 32-0130611 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CURLL, JACQUELYN M
231 FAITH TERRACE
SEBASTIAN FL 32958

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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: Jacquelyn M Curll mgr. Jacquelyn M Curll mgr 4-9-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CURLL, JACQUELYN M 32 STAPLES SHORE ROAD LAKEVILLE MA 02347	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: Jacquelyn M Curll mgr 4-9-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #