

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000068642

FILED  
Jan 18, 2008  
Secretary of State

Entity Name: TERRACE PROFESSIONAL CENTER I, LLC

**Current Principal Place of Business:**

5208 EAST FOWLER AVE., SUITE F  
TAMPA, FL 33617

**New Principal Place of Business:**

**Current Mailing Address:**

5208 EAST FOWLER AVE., SUITE F  
TAMPA, FL 33617

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RIEF, FRANK J III, ESQ  
442 WEST KENNEDY BLVD., SUITE 340  
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

KLUFT, GERALD M  
5208 EAST FOWLER AVE  
SUITE F  
TAMPA, FL 33617 US

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.

SIGNATURE: GERALD M KLUFT

01/18/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KLUFT, GERALD M  
Address: 5208 EAST FOWLER AVE., SUITE F  
City-St-Zip: TAMPA, FL 33617

**ADDITIONS/CHANGES:**

Title: MMGR (X) Change ( ) Addition  
Name: KLUFT, GERALD M  
Address: 5208 EAST FOWLER AVE., SUITE F  
City-St-Zip: TAMPA, FL 33617

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GERALD M KLUFT

MMGR

01/18/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date