

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000068643

FILED  
Sep 14, 2012  
Secretary of State

**Entity Name:** TERRACE PROFESSIONAL CENTER II, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

5232 E. FOWLER AVE  
TAMPA, FL 33617

**Current Mailing Address:**

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

**New Mailing Address:**

5232 E. FOWLER AVE  
TAMPA, FL 33617

**FEI Number:** 42-1753353

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ROBERT, FARBER E  
5208 E. FOWLER AVE  
SUITE C  
TAMPA,, FL 33617 US

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

ROBERT, FARBER E  
5232 E. FOWLER AVE  
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: ROBERT FARBER

09/14/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FARBER, ROBERT E  
Address: 5232 EAST FOWLER AVE., SUITE C  
City-St-Zip: TAMPA, FL 33617

Title: PTNR  
Name: KLUFT, GERALD  
Address: 5232 E. FOWLER AVE  
City-St-Zip: TAMPA, FL 33617

Title: PTNR  
Name: VALADIE, ARTHUR  
Address: 5232 E. FOWLER AVE  
City-St-Zip: TAMPA, FL 33617

I hereby 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: ROBERT FARBER

MGR

09/14/2012

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