

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000091532

FILED
Jul 19, 2009
Secretary of State

Entity Name: TERRACE PARK ENTERPRISE LLC

Current Principal Place of Business:

4242 E BUSH BLVD
TAMPA, FL 33617 US

New Principal Place of Business:

4242 E BUSH BLVD
NOT AVAILABLE
TAMPA, FL 33617 US

Current Mailing Address:

4242 E BUSH BLVD
TAMPA, FL 33617 US

New Mailing Address:

4242 E BUSH BLVD
NOT AVAILABLE
TAMPA, FL 33617 US

FEI Number: 26-3431209 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BHUIYAN, MOSTAFA
4242 E BUSH BLVD
TAMPA, FL 33617 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BHUIYAN, MOSTAFA
Address: 4242 E BUSH BLVD
City-St-Zip: TAMPA, FL 33617 US

Title: MGRM () Delete
Name: IMAM, REPON
Address: 4242 E BUSH BLVD
City-St-Zip: TAMPA, FL 33617 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BHUIYAN, MOSTAFA
Address: 4242 E BUSH BLVD
City-St-Zip: TAMPA, FL 33617 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MOSTAFA BHUIYAN

MGM

07/19/2009

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