

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L98000003078

1. Entity Name

TERRACE COMMUNITIES, L.L.C.



Principal Place of Business

400 NORTH US ONE
TEQUESTA, FL 33469

Mailing Address

400 NORTH US ONE
TEQUESTA, FL 33469

DO NOT WRITE IN THIS SPACE



08032004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

65-0907761

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GORAY, GERALD A
621 N.W. 53RD STREET, SUITE 255
BOCA RATON, FL 33487

**DO NOT WRITE
IN THIS SPACE**

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 September 8, 2004

U000000169899
08/12/04-800002-011 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME GORAY, GERALD A
STREET ADDRESS 621 N.W. 53RD STREET, SUITE 255
CITY- ST- ZIP BOCA RATON, FL 33487

TITLE MGRM
NAME HEATON, JACK E
STREET ADDRESS RURAL ROUTE 2, BOX 1115
CITY- ST- ZIP MANCHESTER CENTER, VT 05255

TITLE MGRM
NAME WAYMAN, EDWIN B
STREET ADDRESS 621 N.W. 53RD STREET, SUITE 255
CITY- ST- ZIP BOCA RATON, FL 33487

TITLE MGRM
NAME MITCHELL, MARK P
STREET ADDRESS ONE MAIN AVENUE
CITY- ST- ZIP GOLDEN, CO 80401

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

My Mitchell Jay Mikosch 8/5/04 561.748.2299