

FILED
May 29, 2003 8:00 am
Secretary of State

05-29-2003 90028 006 ****55.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0907761		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required		☐ CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent GORAY, GERALD A 621 N.W. 63RD STREET, SUITE 255 BOCA RATON, FL 33487		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 _____ (NOTE: Registered Agent's signature required when withdrawing) DATE _____			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GORAY, GERALD A 621 N.W. 63RD STREET, SUITE 255 BOCA RATON, FL 33487 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEATON, JACK E RURAL ROUTE 2, BOX 1116 MANCHESTER CENTER, VT 05265 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WAYMAN, EDWIN B 621 N.W. 63RD STREET, SUITE 255 BOCA RATON, FL 33487 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MITCHELL, MARK P ONE MAIN AVENUE GOLDEN, CO 80401 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 806, Florida Statutes.			
SIGNATURE: <u><i>G.A. Goray</i></u>		Date: <u>5/20/03</u> 561/994-7229	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

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CR2003 (10/02)