

2001 UNIFORM BUSINESS REPORT (UBR)

0016279 AF

DOCUMENT # L99000000987
 1. Entity Name
TERRACE MANAGEMENT, L.L.C.

FILED
 01 MAR 15 PM 8:36
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 621 N.W. 53RD STREET, SUITE 255 621 N.W. 53RD STREET, SUITE 255
 BOCA RATON FL 33487 BOCA RATON FL 33487

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 Applied For
65-0892276 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
GORAY, GERALD A
621 NW 53RD 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

500003888495--8
-03/20/01--01081--004
*******50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	GORAY, GERALD A	621 NW 53RD STREET, SUITE 255	BOCA RATON FL 33487	<input type="checkbox"/>
MGRM	WAYMAN, EDWIN B	621 NW 53RD STREET, SUITE 255	BOCA RATON FL 33487	<input type="checkbox"/>
MGRM	HEATON, JACK E	RURAL ROUTE 2, BOX 1115	MANCHESTER CENTER VT 05255	<input type="checkbox"/>
MGRM	MITCHELL, MARK P	ONE MAIN AVENUE	GOLDEN CO 80401	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 608, Florida Statutes.

SIGNATURE: *[Signature]* **03/12/01** **561/994-2229**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)