

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90208 001 ***150.00

DOCUMENT # L99000000987

1. Entity Name

TERRACE MANAGEMENT, L.L.C. ✓

Principal Place of Business

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

Mailing Address

621 N.W. 53RD STREET, SUITE 255
 BOCA-RATON FL 33487

2. Principal Place of Business

400 NORTH U.S. ONE

3. Mailing Address

400 NORTH U.S. ONE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TEQUILA FL

City & State

TEQUILA FL

Zip

33469

Country

PAIM BEACH

Zip

33469

Country

PAIM BEACH

4. FEI Number

65-0892276

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
 MGRM GORAY, GERALD A
 621 NW 53RD STREET, SUITE 255
 BOCA RATON FL 33487 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
 MGRM WAYMAN, EDWIN B
 621 NW 53RD STREET, SUITE 255
 BOCA RATON FL 33487 ☐ Delete

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

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 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

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 608, Florida Statutes.

SIGNATURE:

[Signature] G.A. GORAY

5/4/02

561/994-2229

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

Date

Daytime Phone #

CR2E083 (9/01)