

2002 UNIFORM BUSINESS REPORT (UBR)

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

001/287

DOCUMENT # **L99000000987**

1. Entity Name
TERRACE MANAGEMENT, L.L.C. ✓

05-07-2002 90208 001 ***150.00

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **400 NORTH U.S. ONE**
 Suite, Apt. #, etc.

3. Mailing Address **400 NORTH U.S. ONE**
 Suite, Apt. #, etc.

City & State **TEQUOSTA FL** City & State **TEQUOSTA FL**

4. FEI Number **65-0892276** Applied For
 Not Applicable

Zip **33469** Country **PAIM BEACH** Zip **33469** Country **PAIM BEACH**

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GORAY, GERALD A
621 NW 53RD STREET, SUITE 255
BOCA RATON FL 33487

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 _____ (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

10. ADDITIONS/CHANGES

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

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

CR2E083 (9/01)