

2001 UNIFORM BUSINESS REPORT (UBR)

0016983 AF

DOCUMENT # L99000005770

1. Entity Name

TERRACE INVESTORS, LLC

Principal Place of Business

Mailing Address

6315 SANTA FE DRIVE
ZEPHYRHILLS FL 33540

6315 SANTA FE DRIVE
ZEPHYRHILLS FL 33540

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

59-3634260

Applied For

Not Applicable

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

PELLETIER, RAYMOND
6130 PEUBLO DR.
ZEPHYRHILLS FL 33540

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR PELLETIER, PETER RAYMOND ☐ Delete
STREET ADDRESS 6130 PUEBLO DRIVE
CITY-ST-ZIP ZEPHYRHILLS FL 33540

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

TITLE NAME MGR MARY ANN HOLDEN ☐ Delete
STREET ADDRESS 1845 MONTE CARLO WAY
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 000003677970--0
CITY-ST-ZIP -02/13/01--01112--004
*****50.00 *****50.00

TITLE NAME MGR MCCONIHAY, STEPHEN E JR. ☐ Delete
STREET ADDRESS 2350 LAKESHORE DRIVE
CITY-ST-ZIP CLEARWATER FL 33759

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

TITLE NAME MGR PELLETIER, RAYMOND ☐ Delete
STREET ADDRESS 6315 SANTA FE DRIVE
CITY-ST-ZIP ZEPHYRHILLS FL

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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: *Raymond Pelletier*

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

1-11-07

Date

813-788-1639

Daytime Phone #

CR2E083 (11/00)