### 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

### DOCUMENT # L99000005770

1. Entity Name

TERRACE INVESTORS, LLC



FILED
Jan 15, 2004 08:00 AM
Secretary of State

Principal Place of Business

8320 W SUNRISE BLVD

108

FORT LAUDERDALE, FL 33322

Mailing Address

8320 W SUNRISE BLVD

FORT LAUDERDALE, FL 33322



01062004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3634260

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Certificate of Stat

6. Name and Address of Current Registered Agent

HOLSTEIN, GERALD K 8320 W. SUNRISE BLVD. #203

PLANTATION, FL 33322

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| 8. The above nar | ned entity submits this stateme | int for the purpose of changing | its registered office or registered a | gent, or both, in the Stat | e of Florida. I | I am familiar with, and | d accept |
|------------------|---------------------------------|---------------------------------|---------------------------------------|----------------------------|-----------------|-------------------------|----------|
| the obligations  | of registered agent.            |                                 |                                       |                            |                 |                         |          |

SIGNATURE.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

#### Filing Fee is \$50.00 Due by May 1, 2004

| 9.   | MANAGING MEMBERS/MANAGERS   |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | MGR MARY ANN HOLDEN 1845 MONTE CARLO WAY CORAL SPRINGS, FL 33071                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | MGR<br>MCCONIHAY, STEPHEN E JR.<br>2350 LAKESHORE DRIVE<br>CLEARWATER, FL 33759 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |

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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 accounte 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 of trustee empower of to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NTEO NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/9/04

(954)575-2236

Daytime Phone #