


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # M03000002791	
1. Entity Name TERRACE RIDGE PARTNERS LLC	

Principal Place of Business 240 WEST 40TH STREET, 3RD FLOOR NEW YORK NY 10018	Mailing Address 240 WEST 40TH STREET, 3RD FLOOR NEW YORK NY 10018
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E083 (10/04)

6. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD., SUITE 508 MIAMI FL 33156	
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4. FEI Number 13-4258513	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State Due By May 1, 2005	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR RST HOLDINGS LLC 240 WEST 40TH STREET, 3RD FLOOR NEW YORK NY 10018 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	000000223289 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/10/05-80039-007 50.00
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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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: 	2/5/05	212-391-0170
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		
<small>Date Daytime Phone #</small>		