2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2007
Secretary of State

DOCUMENT# L00000015398

Entity Name: TRIANGLE ENERGY LLC

Current Principal Place of Business:

900 EAST 65TH STREET
HIALEAH, FL 33013

New Principal Place of Business:

Current Mailing Address:

9000 SHERIDAN STREET
SUITE 136
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 65-1054229 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEUTSCH, STEVEN W
FRANK WEINBERG BLACK, PL
7805 SW 6TH COURT
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	CRUZ, CLEMENTE J	
Address:	9000 SHERIDAN ST, SUITE 136	
City-St-Zip:	PEMBROKE PINES, FL 33024	
Title:	MGR	( ) Delete
Name:	CRUZ, CLEMENTE E	
Address:	9000 SHERIDAN STREET, SUITE 136	
City-St-Zip:	PEMBROKE PINES, FL 33324	
Title:	MGR	( ) Delete
Name:	CRUZ, TERESA	
Address:	9000 SHERIDAN STREET, SUITE 136	
City-St-Zip:	PEMBROKE PINES, FL 33024	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CLEMENTE E CRUZ MGR 02/02/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date