


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Mar 10, 2008 8:00 am
Secretary of State

01-31-2008 90068 037 ***138.75

DOCUMENT # L01000012241
 1. Entity Name
TRIPLE CROWN INVESTMENTS, LLC



Principal Place of Business Mailing Address
THE ADMIRAL BLDG. **THE ADMIRAL BUILDING**
1645 SE 3RD COURT, SUITE 214 **1645 SE 3RD COURT, SUITE 214**
DEERFIELD BEACH FL 33441 **DEERFIELD BEACH FL 33441**



1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. State, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
65-1122240 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
THIES, WILLIAM F SR.
THE ADMIRAL BUILDING
1645 SE 3RD COURT, SUITE 214
DEERFIELD BEACH FL 33441
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

B. 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 _____
Example: Robert A. Smith, Secretary of State, Department of Banking and Finance NOTE: If you are a resident of Florida, you must sign this statement in person.

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM THIES, WILLIAM F SR. 1645 SE 3RD COURT, SUITE 214 DEERFIELD BEACH FL 33441 <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 | <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 exemptions contained in Section 119, 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: William F. Thies **WILLIAM F. THIES** **3-3-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Page No.