


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000031257	
1. Entity Name TRIPLE CROWN PROPERTIES, LLC	

Principal Place of Business 17598 ROCKEFELLER CIRCLE, SUITE 201 FORT MYERS, FL 33912-5846	Mailing Address 17598 ROCKEFELLER CIRCLE, SUITE 201 FORT MYERS, FL 33912-5846
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01072004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 11-3664604	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MORGAN, F. MICHELLE
 17598 ROCKEFELLER CIRCLE, SUITE 201
 FORT MYERS, FL 33912-5846

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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)

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

000000077238
 03/05/04-80034-023 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MORGAN, F. MICHELLE 17598 ROCKEFELLER CIRCLE, SUITE 201 FORT MYERS, FL 339125846
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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)(f), 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: *Michelle Morgan* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____