

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000031257

FILED
Dec 08, 2005
Secretary of State

Entity Name: TRIPLE CROWN PROPERTIES, LLC

Current Principal Place of Business:

17598 ROCKEFELLER CIRCLE, SUITE 201
FORT MYERS, FL 339125846

New Principal Place of Business:

Current Mailing Address:

17598 ROCKEFELLER CIRCLE, SUITE 201
FORT MYERS, FL 339125846

New Mailing Address:

FEI Number: 11-3664604 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MORGAN, F. MICHELLE
17598 ROCKEFELLER CIRCLE, SUITE 201
FORT MYERS, FL 339125846 US

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: F MICHELLE MORGAN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MORGAN, F. MICHELLE
Address: 17598 ROCKEFELLER CIRCLE, SUITE 201
City-St-Zip: FORT MYERS, FL 339125846

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: MORGAN, WESLEY W
Address: 17598 ROCKEFELLER CIRCLE, SUITE 201
City-St-Zip: FORT MYERS, FL 33912

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WESLEY W MORGAN

MGRM

12/08/2005

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