


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 11, 2003 8:00 am
Secretary of State

4/2

04-28-2003 91002 023 ****50.00

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



DO NOT WRITE IN THIS SPACE

44004155

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 17598 Rockefeller Circle Suite, Apt. #, etc. Suite 201		3. Mailing Address 17598 Rockefeller Circle Suite, Apt. #, etc. Suite 201	
City & State Fort Myers, Florida		City & State Fort Myers, Florida	
Zip 33912-5846	Country USA	Zip 33912-5846	Country USA
4. FEI Number 11-3664604		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name F. Michelle Morgan

Street Address (P.O. Box Number is Not Acceptable)
17598 Rockefeller Circle, Suite 201

City Fort Myers, FL Zip Code 33912-5846

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 *F. Michelle Morgan* DATE 2/3/03

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

B. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	F. Michelle Morgan, ^{MANAGING} Chief Member 17598 Rockefeller Circle, Suite 201 Fort Myers, Florida 33912-5846	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E083B (1/2002)

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: *F. Michelle Morgan* (Managing Member) DATE: 2/3/03 (239) 590-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Correction