


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90026 019 \*\*\*\*50.00

**DOCUMENT # L04000022851**

1. Entity Name  
**TRIANGLE DEVELOPMENT COMPANY, LLC**



Principal Place of Business <b>305 N. FT. HARRISON          CLEARWATER, FL 33755</b>	Mailing Address <b>305 N. FT. HARRISON          CLEARWATER, FL 33755</b>
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**20008382**

**DO NOT WRITE IN THIS SPACE**



03302007 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-0922291</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**KUGLER, BENJAMIN  
 305 N. FT. HARRISON  
 CLEARWATER, FL 33755**

**DO NOT WRITE IN THIS SPACE**

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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KUGLER, BENJAMIN 305 N. FT. HARRISON CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POLLACK, RON 305 N. FT. HARRISON CLEARWATER, FL 33755
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Benjamin Kugler* **4/18/07** **727-446-0020**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #