

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L04000022851**  
 1. Entity Name  
**TRIANGLE DEVELOPMENT COMPANY, LLC**



Principal Place of Business  
**305 N. FT. HARRISON**  
**CLEARWATER, FL 33755**

Mailing Address  
**305 N. FT. HARRISON**  
**CLEARWATER, FL 33755**



03172008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0922291</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re/instating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000890760  
 04/22/08-80107-017 138.75

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* **4/4/08** **727-224-1832**

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