## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT #L07000112716



**FILED** Jun 04, 2008 8:00 am Secretary of State

1. Entity Name TRIPLE CROWN ESTATES, LLC						06-04-2008	90256 01	.0 ***13	88.75
Principal Place o 9047 VILLAGE ( CLERMONT, FL	Mailing Address 9047 VILLAGE GREEN CLERMONT, FL 3471	47 VILLAGE GREEN BOULEVARD					18621 WEIS EN		
Principal Place of Business - No P.O. Box #     3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04282008 Chg-LLC CR2E083 (12/06)				
City & State		City & State			4. FEI Number	r		_ <del> `</del>	oplied For ot Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate of	of Status Desired		5.00 Add ee Require	
	6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New R	egistered A	gent	
DRAWDY, E	ARLL			. Name			- <del>-</del>		
9047 VILLAGE GREEN BOULEVARD CLERMONT, FL 34711				Street Address (	(P.O. Box Numbe	r is Not Acceptable	•)	<del> </del>	
				City			FL	Zip Cod	9
	med entity submits this statement fo s of registered agent.	or the purpose of changing its	s register	red office or register	red agent, or both	n, in the State of Flo	rida. I am fa	miliar with,	and accept
SIGNATURE	•			•					··
Sig	nature, typed or printed name of registered agent	and title if applicable. (NOT	TE: Registere	ed Agent signature required	d when reinstating)		DATE		· ··
	OWIII FEE IS \$138.75 , 2008 Fee will be \$538.75	3					e check pa Departme	-	9
9.	MANAGING MEMBE	RS/MANAGERS	10.		l	ADDITIONS/	CHANGES		
NAME D STREET ADDRESS 9	GR RAWDY, EARL L 347 VILLAGE GREEN BOULEV LERMONT, FL 34711	□ Delete ⁄ARD						☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Dekete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		I			"	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		I				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delcte	CITY	AE EET ADORESS V-ST-ZIP				☐ Change	Addition
indicated on	ify that the information supplied with this report is true and accurate and ty company or the receiver or trusted	that my signature shall have	the sam	e legal effect as if n	made under oath;	that I am a manag	rther certify t jing member	that the info or manage	rmation or of the