

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000039040

Entity Name: TRIPLE CROWN R.E., LLC

FILED  
Apr 05, 2010  
Secretary of State

**Current Principal Place of Business:**

1091 WALDEN BLVD  
PALM BAY, FL 32909

**New Principal Place of Business:**

**Current Mailing Address:**

1091 WALDEN BLVD  
PALM BAY, FL 32909

**New Mailing Address:**

FEI Number: 80-0444279

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EDWIN, NORMANDIA  
1091 WALDEN BLVD  
PALM BAY, FL FL US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: NORMANDIA, EDWIN  
Address: 1091 WALDEN BLVD  
City-St-Zip: PALM BAY, FL 32909

Title: MGR  
Name: NORMANDIA, DORCY I  
Address: 1091 WALDEN BLVD  
City-St-Zip: PALM BAY, FL 32909

Title: MGR  
Name: NORMANDIA, CHRISTIAN S  
Address: 1091 WALDEN BLVD  
City-St-Zip: PALM BAY, FL 32909

I hereby 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: EDWIN NORMANDIA

MGRM

04/05/2010

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