


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # L00000003246		
1. Entity Name TRIPLE D INVESTMENTS, L.L.C.		
Principal Place of Business 7385 SW 87 AVENUE MIAMI, FL 33173	Mailing Address 7385 SW 87 AVENUE MIAMI, FL 33173	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MULLER, CHARLES E II 7385 SW 87 AVENUE SUITE 200 MIAMI, FL 33173		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DESANTIS, DAMON 12121 NW 11 STREET PLANTATION, FL 33323	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DESANTIS, DEAN 799 SANCTUARY DRIVE BOCA RATON, FL 33431	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DESANTIS, DEBORAH 86 MACFARLANE DRIVE, UNIT 9-J DELRAY BEACH, FL 33483	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Damon Desantis</u> <i>Damon Desantis</i> <u>Authorized Representative</u> <u>4/22/07</u> <u>705-670-6770</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		



04162007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1005408	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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05/08/07-80028-019 50.00