

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


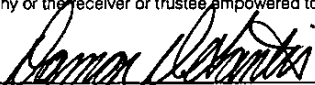
**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90189 001 \*\*\*693.75

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01232008 Chg-LLC CR2E083 (12/06)

|  |   |  |  |   |  |
|--|---|--|--|---|--|
| <b>DOCUMENT # L00000003246</b>   |   |  |  |  |  |
| 1. Entity Name<br>TRIPLE D INVESTMENTS, L.L.C.   |   |  |  |   |  |
| Principal Place of Business<br>7385 SW 87 AVENUE, SUITE 200<br>MIAMI, FL 33173   |   |  | Mailing Address<br>7385 SW 87 AVENUE, SUITE 200<br>MIAMI, FL 33173   |   |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.<br>SUITE 200<br>City & State   |   |  | 3. Mailing Address<br>Suite, Apt. #, etc.<br>SUITE 200<br>City & State   |   |  |
| Zip  |   | Country  |  | 4. FEI Number<br>65-1005408<br>Applied For<br>Not Applicable                      |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |   |  |  |   |  |
| 6. Name and Address of Current Registered Agent<br>MULLER, CHARLES E II<br>7385 SW 87 AVENUE<br>SUITE 200<br>MIAMI, FL 33173   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |   |  |
| 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 reinstating) DATE _____  |   |  |  |   |  |
| FILE NOW!!! FEE IS \$138.75<br>After May 1, 2008 Fee will be \$538.75  |   |  |  | Make check payable to<br>Florida Department of State                              |  |
| 9. MANAGING MEMBERS/MANAGERS   |   |  | 10. ADDITIONS/CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>DESANTIS, DAMON<br>12121 NW 11 STREET<br>PLANTATION, FL 33323<br><input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>DESANTIS, DEAN<br>799 SANCTUARY DRIVE<br>BOCA RATON, FL 33431<br><input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>DESANTIS, DEBORAH<br>86 MACFARLANE DRIVE, UNIT 9-J<br>DELRAY BEACH, FL 33483<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| 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:    |   | Damon DeSantis,<br>Authorized Representative   |  | 3/3/08 305-670-6770   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   |  |  |   |  |