


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 31, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000012206 1. Entity Name TRIANGLE EQUITIES NAPLES LLC	
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Principal Place of Business 30-56 WHITESTONE EXPRESSWAY WHITESTONE, NY 11354	Mailing Address 30-56 WHITESTONE EXPRESSWAY WHITESTONE, NY 11354
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08162005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent NATIONSCORP REGISTERED AGENTS, INC. 526 E. PARK AVENUE TALLAHASSEE, FL 32301

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by September 7, 2005**

U000000377436
08/31/05-80001-010 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PETRACCA, LESTER 25 BONNIE HEIGHTS RD MANHASSET, NY 11030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PETRACCA, TRACY 25 BONNIE HEIGHTS RD MANHASSET, NY 11030
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

8/19/05 (917) 282-0007
Date Daytime Phone #