

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L00000012206

Entity Name: TRIANGLE EQUITIES NAPLES LLC

FILED  
Oct 18, 2006  
Secretary of State

**Current Principal Place of Business:**

30-56 WHITESTONE EXPRESSWAY  
WHITESTONE, NY 11354

**New Principal Place of Business:**

**Current Mailing Address:**

30-56 WHITESTONE EXPRESSWAY  
WHITESTONE, NY 11354

**New Mailing Address:**

FEI Number: 11-3575458      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

NATIONSCORP REGISTERED AGENTS, INC.  
1574 VILLAGE SQUARE BLVD  
SUITE 100  
TALLAHASSEE, FL 32309 US

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: GERALD WEINBERG

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PETRACCA, LESTER  
Address: 25 BONNIE HEIGHTS RD  
City-St-Zip: MANHASSET, NY 11030

Title: MGRM ( ) Delete  
Name: PETRACCA, TRACY  
Address: 25 BONNIE HEIGHTS RD  
City-St-Zip: MANHASSET, NY 11030

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: LESTER PETRACCA

MM

10/18/2006

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