


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 06, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000012206</b> 1. Entity Name TRIANGLE EQUITIES NAPLES LLC	
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07302007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 11-3575458	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

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

**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 \_\_\_\_\_

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 14, 2007**

**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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U000000771498  
08/07/07-80004-018 50.00

**DO NOT WRITE  
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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**JULY 31, 2007 (718) 463-5757**

Date

Daytime Phone #