

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 04, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000012658

1. Entity Name
TRIAD PROPERTIES, LLC



Principal Place of Business

**826 OAK POND DRIVE
OSPREY, FL 34229**

Mailing Address

**826 OAK POND DRIVE
OSPREY, FL 34229**



01292004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1047761

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SILBERSTEIN, DAVID M
720 SOUTH ORANGE AVENUE
SARASOTA, FL 34236**

**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 re-filing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MEM GRANDE, JASON P 826 OAK POND DRIVE OSPREY, FL 34229 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MEM PERRONE, RICHARD 219 PALMETTO AVENUE OSPREY, FL 34229 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MEM CHAPMAN FAMILY LIMITED PARTNERSHIP 502 EAST JOHN STREET CARSON CITY, NV 89706 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR TRES VIDAS PROPERTIES, LLC 826 OAK POND DRIVE OSPREY, FL 34236 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

U00000075999
03/04/04-80009-014 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

3-1-04