

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L00000015893

1. Entity Name

TRIAD EQUITY PARTNERS I, LLC



Principal Place of Business

Mailing Address

6355 METROWEST BLVD.  
SUITE 330  
ORLANDO FL 32835

6355 METROWEST BLVD.  
SUITE 330  
ORLANDO FL 32835



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

59-3691810

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLARD, JAMES G ESQ  
300 S ORANGE AVE, SUITE 1000  
ORLANDO FL 32801-3373

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
CMGR  
WILLARD, JAMES G  
300 S. ORANGE AVE., STE. 1000  
ORLANDO FL 32801 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition  
U000000735602  
05/10/07-80040-005 50.00

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
CMGR  
ROSSMAN, NANCY A  
6355 METROWEST BLVD., STE. 330  
ORLANDO FL 32835 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRC  
BRYAN, PAUL F  
1031 W MORSE BLVD. SUITE 125  
WINTER PARK FL 32789 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
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☐ Delete

TITLE  
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CITY- ST- ZIP  
☐ Change ☐ Addition

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TITLE  
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STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]*

By: *Rossman LLC, Gen Part.*  
By: *Nancy A. Rossman, Mgr*

4-23-07

407-523-2323

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

Date

Daytime Phone #