

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L00000015893	
1. Entity Name TRIAD EQUITY PARTNERS I, LLC	

Principal Place of Business 6355 METROWEST BLVD. SUITE 330 ORLANDO FL 32835	Mailing Address 6355 METROWEST BLVD. SUITE 330 ORLANDO FL 32835
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/07)

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 WILLARD, JAMES G ESQ 300 S ORANGE AVE, SUITE 1000 ORLANDO FL 32801-3373		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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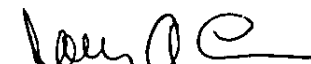
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when changing) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

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	U000000881213 04/15/08-80091-023 138.75 ☐ Change ☐ Addition
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	MGRG 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 NAME STREET ADDRESS CITY-ST-ZIP	☐ 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

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
By: **Nancy A. Rossman, mgr**
407-523-2323