2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# L00000015893

Entity Name: TRIAD EQUITY PARTNERS I, LLC

Current Principal Place of Business:

6355 METROWEST BLVD.
SUITE 330
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

6355 METROWEST BLVD.
SUITE 330
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 59-3691810 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLARD, JAMES G ESQ
300 S ORANGE AVE, SUITE 1000
ORLANDO, FL 328013373 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	CMGR	( ) Delete
Name:	WILLARD, JAMES G	
Address:	300 S. ORANGE AVE., STE. 1000	
City-St-Zip:	ORLANDO, FL 32801	
Title:	CMGR	( ) Delete
Name:	ROSSMAN, NANCY A	
Address:	6355 METROWEST BLVD., STE. 330	
City-St-Zip:	ORLANDO, FL 32835	
Title:	MGRC	( ) Delete
Name:	BRYAN, PAUL F	
Address:	1031 W MORSE BLVD. SUITE 125	
City-St-Zip:	WINTER PARK, FL 32789	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRC	(X) Change ( ) Addition
Name:	BRYAN, PAUL F	
Address:	230 SOUTH NEW YORK AVE., SUITE 100	
City-St-Zip:	WINTER PARK, FL 32789	

I hereby certify that the information supplied with this filing does not qualify 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: NANCY A ROSSMAN MS 04/17/2009

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