

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90028 015 ****50.00

0006692

DOCUMENT # L00000015893

1. Entity Name

TRIAD EQUITY PARTNERS I, LLC



Principal Place of Business

Mailing Address

C/O JAMES G. WILLARD, ESQ.
300 S. ORANGE AVE., STE. 1000
ORLANDO FL 32801-3373

C/O JAMES G. WILLARD, ESQ.
300 S. ORANGE AVE., STE. 1000
ORLANDO FL 32801-3373

2. Principal Place of Business

3. Mailing Address

6355 MetroWest Blvd

6355 MetroWest Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 330

Suite 330

City & State

City & State

Orlando, FL

ORLANDO, FL

Zip

Country

Zip

Country

32835

USA

32835

USA

6. Name and Address of Current Registered Agent

4. FEI Number **59-3691810**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

**CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD., STE. 1500
MIAMI FL 33131**

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, 2003**

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

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 ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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 exemption stated in Section 119.07(3)(i), 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: *Nancy A. Rossman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-19-03

407-523-2323

Date

Daytime Phone #

CR2E083 (10/02)