

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003650

FILED  
Mar 02, 2004  
Secretary of State

**Entity Name:** TRIPLE DIAMOND COMMERCE PLAZA, L.L.C.

**Current Principal Place of Business:**

1776 RINGLING BLVD.  
SARASOTA, FL 34236

**New Principal Place of Business:**

1776 RINGLING BLVD.  
SARASOTA, FL 34236 US

**Current Mailing Address:**

1776 RINGLING BLVD.  
SARASOTA, FL 34236

**New Mailing Address:**

1776 RINGLING BLVD.  
SARASOTA, FL 34236 US

**FEI Number:** 65-1091943

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OLSON, PAUL E  
1776 RINGLING BLVD.  
SARASOTA, FL 34236

**Name and Address of New Registered Agent:**

OLSON, PAUL E  
1776 RINGLING BLVD.  
SARASOTA, FL 34236 US

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: PAUL E. OLSON

03/02/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: MORSE, BILL J  
Address: P.O. BOX 690  
City-St-Zip: NOKOMIS, FL 34274

Title: MGRM ( ) Delete  
Name: HOSTETLER, PAUL  
Address: P.O. BOX 1967  
City-St-Zip: NOKOMIS, FL 34274

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BILL J. MORSE

MGRM

03/02/2004

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