

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007228

FILED
May 23, 2005
Secretary of State

Entity Name: TRIPLE M. HOLDINGS, L.L.C.

Current Principal Place of Business:

7950 85TH ST CR 510
VERO BEACH, FL 32967

New Principal Place of Business:

Current Mailing Address:

7950 85TH ST CR 510
VERO BEACH, FL 32967

New Mailing Address:

FEI Number: 65-1101075 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HANCOCK, DAVID L
817 BEACHLAND BLVD.
VERO BEACH, FL 32963 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/MEMBERS:

Title: MGR () Delete
Name: MCEWEN, MITCHELL L
Address: 806 HOLDEN COURT
City-St-Zip: SEBASTIAN, FL 32958

Title: MGR () Delete
Name: MCEWEN, LYLE C
Address: 4850 HIGHWAY US 1
City-St-Zip: GRANT, FL 32949

Title: MGR () Delete
Name: MCEWEN, LYLE P
Address: 9820 SW 73RD COURT
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES:

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

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: MITCHELL LEE MCEWEN

MGR

05/23/2005

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