

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 26, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L01000013336**

1. Entity Name

TRIPLE FISH INTERNATIONAL, L.C.



Principal Place of Business

TRIPLE FISH INTERNATIONAL LLC  
1240 COMMONS CT  
CLERMONT FL 34711

Mailing Address

TRIPLE FISH INTERNATIONAL LLC  
1240 COMMONS CT  
CLERMONT FL 34711



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3737315

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

BURKHARDT, DAVE  
10590 LAKEHILL DR  
CLERMONT FL 34711

7. Name and Address of New Registered Agent

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 registering)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | P                      | <input type="checkbox"/> Delete |
| NAME           | JOHN DAVID BURKHARDT   |                                 |
| STREET ADDRESS | 10590 LAKE HILL DRIVE  |                                 |
| CITY-STATE-ZIP | CLERMONT FL 34711      |                                 |
| TITLE          | MGR                    | <input type="checkbox"/> Delete |
| NAME           | DEERING, AMY           |                                 |
| STREET ADDRESS | 220 CARLYLE ST         |                                 |
| CITY-STATE-ZIP | MINNEOLA FL 39715-5677 |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-STATE-ZIP |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-STATE-ZIP |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-STATE-ZIP |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-STATE-ZIP |                        |                                 |

10. ADDITIONS/CHANGES

|                |                          |                                                                   |
|----------------|--------------------------|-------------------------------------------------------------------|
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 000000673326             |                                                                   |
| STREET ADDRESS | 04/03/07-80034-010 50.00 |                                                                   |
| CITY-STATE-ZIP |                          |                                                                   |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                          |                                                                   |
| STREET ADDRESS |                          |                                                                   |
| CITY-STATE-ZIP |                          |                                                                   |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                          |                                                                   |
| STREET ADDRESS |                          |                                                                   |
| CITY-STATE-ZIP |                          |                                                                   |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                          |                                                                   |
| STREET ADDRESS |                          |                                                                   |
| CITY-STATE-ZIP |                          |                                                                   |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                          |                                                                   |
| STREET ADDRESS |                          |                                                                   |
| CITY-STATE-ZIP |                          |                                                                   |

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:

*John David Burkhardt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/26/07 352 243 0874  
Date Daytime Phone