

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000015585

FILED
May 01, 2005
Secretary of State

Entity Name: TRIPLE M ENTERPRISES, LLC

Current Principal Place of Business:

P.M. BOX 141
14260 W. NEWBERRY ROAD
NEWBERRY, FL 32669

New Principal Place of Business:

1235 ASTURIA WAY SOUTH
SAINT PETERSBURG, FL 33705

Current Mailing Address:

P.M. BOX 141
14260 W. NEWBERRY ROAD
NEWBERRY, FL 32669

New Mailing Address:

1235 ASTURIA WAY SOUTH
SAINT PETERSBURG, FL 33705

FEI Number: 68-2538986 **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:

MOTEN, MICHAEL
14260 W. NEWBERRY ROAD
NEWBERRY, FL 32669 US

Name and Address of New Registered Agent:

MOTEN, MICHAEL
1235 ASTURIA WAY SOUTH
SAINT PETERSBURG, FL 33705 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: MICHAEL MOTEN

05/01/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: CEO () Delete
Name: MOTEN, MICHAEL
Address: 14260 W. NEWBERRY RD.
City-St-Zip: NEWBERRY, FL 32669

ADDITIONS/CHANGES:

Title: CEO (X) Change () Addition
Name: MOTEN, MICHAEL
Address: 1235 ASTURIA WAY SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33705

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: MICHAEL MOTEN

CEO

05/01/2005

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