

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000015759

FILED
Apr 28, 2008
Secretary of State

Entity Name: TRIAD DEVELOPMENT PARTNERS, LLC

Current Principal Place of Business:

6535 NOVA DRIVE
106
DAVIE, FL 33317

New Principal Place of Business:

Current Mailing Address:

6535 NOVA DRIVE
106
DAVIE, FL 33317

New Mailing Address:

FEI Number: 05-0522959

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDONOUGH, BRIAN J
150 WEST FLAGLER ST., STE. 2200
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

TRIAD HOUSING PARTNERS LLC
6535 NOVA DRIVE
106
DAVIE, FL 33317 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: OLIVER PFEFFER

04/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PFEFFER, OLIVER B MGRM
Address: 6535 NOVA DRIVE, #106
City-St-Zip: DAVIE, FL 33317

Title: MGRM () Delete
Name: REICH, DAVID M MGRM
Address: 6535 NOVA DRIVE, #106
City-St-Zip: DAVIE, FL 33317

Title: MGRM () Delete
Name: SCHULTZ, DAVID A MGRM
Address: 6535 NOVA DRIVE, #106
City-St-Zip: DAVIE, FL 33317

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 exemption stated in Chapter 119, 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: OLIVER PFEFFER

MGRM

04/28/2008

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