


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

**Jan 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # L03000001674
 1. Entity Name
TRIAD IMPORTS, LLC



Principal Place of Business 4421 WORTHINGTON CIRCLE PALM HARBOR, FL 34685	Mailing Address 4421 WORTHINGTON CIRCLE PALM HARBOR, FL 34685
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01172006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3675278	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHEAR, ROBERT L
 2790 SUNSET POINT ROAD
 CLEARWATER, FL 33759

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEINEN, GERRIT 4421 WORTHINGTON CIRCLE PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILKERSON, KEVIN 4421 WORTHINGTON CIRCLE PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MITCHELL, JOE D 4421 WORTHINGTON CIRCLE PALM HARBOR, FL 33685
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 02/06/06-80043-013 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: GERRIT HEINEN **1/17/06** **727-786-6655**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #