

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000005994

**FILED**  
**Apr 15, 2005**  
**Secretary of State**

**Entity Name:** PHOENIX TRIANGLE, LLC

**Current Principal Place of Business:**

10075 GANDY BLVD.  
SAINT PETERSBURG, FL 33702

**New Principal Place of Business:**

10075 GANDY BLVD.  
SAINT PETERSBURG, FL 33702 US

**Current Mailing Address:**

531 BOCA CIEGA PT SO.  
SAINT PETERSBURG, FL 33708

**New Mailing Address:**

PO BOX 21653  
SAINT PETERSBURG, FL 33742 US

**FEI Number:** 82-0587041

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DAVIS, SAM  
531 BOCA CIEGA PT SO  
SAINT PETERSBURG, FL 33708 US

**Name and Address of New Registered Agent:**

LAW OFFICE OF TIMOTHY SCHULER  
9075 SEMINOLE BLVD.  
SEMINOLE, FL 33772 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: TIMOTHY SCHULER

04/15/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: MCFERRIN, CINDY  
Address: 531 BOCA CIEGA PT SO  
City-St-Zip: SAINT PETERSBURG, FL 33708 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MCFERRIN, CINDY  
Address: PO BOX 21653  
City-St-Zip: SAINT PETERSBURG, FL 33742 US

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: CINDY MCFERRIN

MGRM

04/15/2005

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