

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000005994

Entity Name: PHOENIX TRIANGLE, LLC

FILED  
Apr 25, 2007  
Secretary of State

**Current Principal Place of Business:**

PO BOX 21653  
SAINT PETERSBURG, FL 33742 US

**New Principal Place of Business:**

7230 4TH ST N - OFFICE  
SAINT PETERSBURG, FL 33702 US

**Current Mailing Address:**

PO BOX 21653  
SAINT PETERSBURG, FL 33742 US

**New Mailing Address:**

PO BOX 76267  
SAINT PETERSBURG, FL 337346267 US

FEI Number: 82-0587041

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MCFERRIN, CINDY  
Address: PO BOX 76267  
City-St-Zip: SAINT PETERSBURG, FL 337346267 US

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: CINDY MCFERRIN

M/M

04/25/2007

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