2008 LIMITED LÏABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000007250

1. Entity Name

TRIPLETAIL INVESTORS LLC



Principal Place of Business

505 S. FLAGLER DRIVE, #1325 WEST PALM BEACH, FL 33401

Mailing Address

505 S. FLAGLER DRIVE, #1325 WEST PALM BEACH, FL 33401

FILED Apr 28, 2008 08:00 AN Secretary of State



04112008 No Chg-LLC

CR2E083 (12/07)

4. FELINUIDO!		/ Applica y or
26-3809235		Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

6. N	ame and	Addres	s of Cui	rrent Reg	Istered	Agent

KATZ, MARTIN V ESQ 625 N. FLAGLER DRIVE, 9TH FL WEST PALM BEACH, FL 33401

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the obligat	ions of registered agent.				
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered	Agent signature required when reinstating)	DATE	_
	: NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75	•			
9.	MANAGING MEMBERS/MANAGERS				
TITLE	MGRM				
NAMÉ	HANNA, PAUL B			•	
STREET ADDRESS	505 S. FLAGLER DRIVE, #1325				
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		•	U00000925869	
TITLE				000000323683 05/20/08-80044-012 138.75	
NAME			·	03/120/037509 14 7812 136.(5	
STREET ADDRESS					
CITY-ST-ZIP		,	•		
TITLE					

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

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this filling does not guarly for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the employed to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information supplied with this fillindicated on this report is true and accurate and that per limited liability company or the rece

SIGNATURE:

NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE