

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000007250

**FILED**  
**Jan 20, 2009**  
**Secretary of State**

**Entity Name:** TRIPLETAIL INVESTORS LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

700 VILLAGE SQUARE CROSSING  
SUITE 103  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

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

**New Mailing Address:**

700 VILLAGE SQUARE CROSSING  
SUITE 103  
PALM BEACH GARDENS, FL 33410

**FEI Number:** 26-3809235

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KATZ, MARTIN V ESQ  
625 N. FLAGLER DRIVE, 9TH FL  
WEST PALM BEACH, FL 33401 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:** HANNA, PAUL B  
**Address:** 505 S. FLAGLER DRIVE, #1325  
**City-St-Zip:** WEST PALM BEACH, FL 33401

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** HANNA, PAUL B  
**Address:** 700 VILLAGE SQUARE CROSSING SUITE 103  
**City-St-Zip:** PALM BEACH GARDENS, FL 33410

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:** PAUL B HANNA

MGRM

01/20/2009

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