


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

01-20-2005 90008 048 ****50.00

DOCUMENT # L03000007372					
1. Entity Name TRIPLE M PROPERTIES, LLC					
Principal Place of Business 140 17TH AVENUE N. ST. PETERSBURG, FL 33704			Mailing Address 140 17TH AVENUE N. ST. PETERSBURG, FL 33704		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number APPLIED FOR 55-0820671 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KLINE, MICHELLE 140 17TH AVENUE N ST. PETERSBURG, FL 33704			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renewing)</small> DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR KLINE, MICHELLE 140 17TH AVENUE N. ST. PETERSBURG, FL 33704	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Michelle Kline</i>			Date: <i>1/13/05</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

Please reply via fax (727) 327-1461 Attachment

Form **SS-4**

(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)
▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

55-0820671

OMB No. 1545-0003

Type or print clearly	1 Legal name of entity (or individual) for whom the EIN is being requested TRIPLE M PROPERTIES, LLC		
	2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name 38006512
	4a Mailing address (room, apt., suite no. and street, or P.O. Box) 140 17TH AVENUE N		5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state and ZIP code ST. PETERSBURG FL 33704		5b City, state, and ZIP code
	6 County and state where principal business is located PINELLAS, FL		
	7a Name of principal officer, general partner, grantor, owner, or trustee MICHELLE HAJEK		7b SSN, ITIN, or EIN 264-33-8991
8a Type of entity (check only one box) <input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ 1065 <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶ <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶			
8b If a corporation, name the state or foreign country (if applicable) where incorporated FL		State FL	Foreign country
9 Reason for applying (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) ▶ PROPERTY MANAGEMENT <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ <input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶			
10 Date business started or acquired (month, day, year) 02/28/2003		11 Closing month of accounting year DECEMBER	
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ N/A			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have employees during the period, enter "-0-".		Agricultural 0	Household 0
14 Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Rental & leasing <input type="checkbox"/> Real estate <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Other (specify) <input type="checkbox"/> Wholesale - agent/broker <input type="checkbox"/> Wholesale - other <input type="checkbox"/> Retail			
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. PROPERTY MANAGEMENT			
16a Has the applicant ever applied for an employer identification number for this or any other business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Note: If "yes," please complete lines 16b and 16c.			
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ VIRTUAL E NETWORK, LLC Trade name ▶			
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) 11/18/02 City and state where filed ST. PETERSBURG, FL Previous EIN 81-0581561			

Third Party Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
Designee's name MICHAEL W. HAJEK	Designee's telephone number (include area code) 727-327-1239
Address and ZIP code 5308 CENTRAL AVENUE, ST PETERSBURG, FL 33707	Designee's fax number (include area code) 727-327-1461

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ MICHELLE HAJEK

Signature ▶

Date ▶

Applicant's telephone number (include area code)

727-327-1239

Applicant's fax number (include area code)

727-327-1461

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **SS-4** (Rev. 12-2001)