2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 26, 2004 8:00 am
Secretary of State

04-26-2004 90048 042 ****50.00

DOCUMENT # L03000007418

1. Entity Name
TRIPLE 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

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

01052004 Chg-LLC CR2E083 (10/03)

4. FEI Number — Applied For — X Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 ____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	HANNA, PAUL B	
STREET ADDRESS	505 S. FLAGLER DRIVE, #1325	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Paul B Hanna 04/12/04 561-655-5337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #