

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

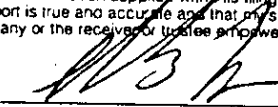
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FILED
May 26, 2004 8:00 am
Secretary of State

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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KATZ, MARTIN V 625 N. FLAGLER DRIVE, 9TH FLOOR WEST PALM BEACH, FL 33401				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)					
Filing Fee is \$50.00 Due by May 1, 2004		DATE _____			
		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HANNA, PAUL B ☐ Delete 505 S. FLAGLER DRIVE, #1325 WEST PALM BEACH, FL 33401		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Paul B Hanna

04/12/04
Date

561-655-5337
Daytime Phone #