

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90040 039 ****55.00

DOCUMENT # L03000009927

1. Entity Name
TRIANGLE-PROPERTIES, LLC



Principal Place of Business
**2414 WINTERSET ROAD
WINTER HAVEN, FL 33884 US**

Mailing Address
**2414 WINTERSET ROAD
WINTER HAVEN, FL 33884 US**

60003116



06272005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1148816

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GIOVELLI, GLORIA M
2414 WINTERSET ROAD
WINTER HAVEN, FL 33884**

**DO NOT WRITE
IN THIS SPACE**

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 September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MR
GIOVELLI, GLORIA M
2414 WINTERSET ROAD
WINTER HAVEN, FL 33884**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
GIOVELLI, JOSEPH G
2414 WINTERSET ROAD
WINTER HAVEN, FL 33884**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SNIVELY, GLORIA A
939 AVE A S.E.
WINTER HAVEN, FL 33880**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Gloria M. Gioveli

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

7/20/05 (863)324-3520

Date

Daytime Phone #