

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90216 007 ****50.00

24028744



DOCUMENT # L03000013531 1. Entity Name TRIPLE C ENTERPRISES, LLC					
Principal Place of Business 21189 SW WARFIELD BLVD. INDIANTOWN, FL 34956			Mailing Address POST OFFICE BOX 2134 OKEECHOBEE, FL 34973		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03202004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 56-2389468				Applied For <input 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		
CREWS, R. MARK 21189 SW WARFIELD BLVD. INDIANTOWN, FL 34956			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (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			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CREWS, R. MARK	NAME			
STREET ADDRESS	21189 SW WARFIELD BLVD.	STREET ADDRESS			
CITY-ST-ZIP	INDIANTOWN, FL 34956	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CREWS, PAULA	NAME			
STREET ADDRESS	21189 SW WARFIELD BLVD.	STREET ADDRESS			
CITY-ST-ZIP	INDIANTOWN, FL 34956	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CORNELIUS, DAVID	NAME			
STREET ADDRESS	17450 THUNDER ROAD	STREET ADDRESS			
CITY-ST-ZIP	JUPITER, FL 33478	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COOPER, DONALD	NAME			
STREET ADDRESS	4050 SW 42ND AVENUE	STREET ADDRESS			
CITY-ST-ZIP	PALM CITY, FL 34990	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COOPER, ELLEN	NAME			
STREET ADDRESS	4050 SW 42ND AVENUE	STREET ADDRESS			
CITY-ST-ZIP	PALM CITY, FL 34990	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: <u>Paula Crews</u> <u>PAULA CREWS</u> <u>3-20-04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
				Date	Daytime Phone #