

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000033264

FILED
Jul 12, 2005
Secretary of State

Entity Name: TRIPLE R, L.L.C.

Current Principal Place of Business:

509 HOLLEY LAKE ROAD
AIKEN, SC 29803

New Principal Place of Business:

Current Mailing Address:

509 HOLLEY LAKE ROAD
AIKEN, SC 29803

New Mailing Address:

FEI Number: 57-1183512 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WEATHERFORD, WILLIAM P JR
1150 LOUISIANA AVENUE, SUITE 4
WINTER PARK, FL 32789 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JASANI, DINESH
Address: 509 HOLLEY LAKE ROAD
City-St-Zip: AIKEN, SC 29803

Title: MGR () Delete
Name: JASANI, RONAK
Address: 509 HOLLEY LAKE ROAD
City-St-Zip: AIKEN, SC 29803

Title: MGR () Delete
Name: MAJITHIA, KISHOR
Address: 509 HOLLEY LAKE ROAD
City-St-Zip: AIKEN, SC 29803

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DINESH JASANI

MGR

07/12/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date