


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000033616 1. Entity Name TRIAD PROPERTIES I, LC	
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Principal Place of Business 1501 SOUTH FLORIDA AVENUE LAKELAND, FL 33803	Mailing Address 1501 SOUTH FLORIDA AVENUE LAKELAND, FL 33803
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01112005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 47-0930225	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MUNSON, PETER J 1501 SOUTH FLORIDA AVENUE LAKELAND, FL 33803

**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

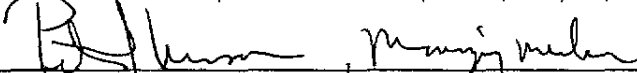
**Filing Fee is \$50.00
Due by May 1, 2005**

U000000296362
04/09/05-80066-007 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DRAKE, FRANCIS D 1108 HUNT AVENUE LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HERRING, JERRY 226 N. HERRING AVE LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MUNSON, PETER J 1501 S. FLORIDA AVE LAKELAND, FL 33805
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)(f), 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:  **4/6/05 863-680-9908**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #