

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000033616

1. Entity Name
TRIAD PROPERTIES I, LC



Principal Place of Business
**1501 SOUTH FLORIDA AVENUE
LAKELAND, FL 33803**

Mailing Address
**1501 SOUTH FLORIDA AVENUE
LAKELAND, FL 33803**



01302006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
47-0930225

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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 reappointing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

1100000478446
04/08/06-80006-006 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|----------------------|
| TITLE | MGRM |
| NAME | DRAKE, FRANCIS D |
| STREET ADDRESS | 1108 HUNT AVENUE |
| CITY-ST-ZIP | LAKELAND, FL 33803 |
| TITLE | MGRM |
| NAME | HERRING, JERRY |
| STREET ADDRESS | 226 N. ITENBERRY AVE |
| CITY-ST-ZIP | LAKELAND, FL 33801 |
| TITLE | MGRM |
| NAME | MUNSON, PETER J |
| STREET ADDRESS | 1501 S. FLORIDA AVE |
| CITY-ST-ZIP | LAKELAND, FL 33805 |
| 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 exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

3-21-06

Date

863-690-9908

Daytime Phone