

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90230 027 ****50.00

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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

60032874



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04032007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

47-0930225

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUNSON, PETER J
1501 SOUTH FLORIDA AVENUE
LAKELAND, FL 33803

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME DRAKE, FRANCIS D
STREET ADDRESS 1108 HUNT AVENUE
CITY-ST-ZIP LAKELAND, FL 33803

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME HERRING, JERRY
STREET ADDRESS 226 N. ITENBERRY AVE
CITY-ST-ZIP LAKELAND, FL 33801

TITLE MGRM ☒ Change ☐ Addition
NAME HERRING, JERRY
STREET ADDRESS 2225 Collins Lane
CITY-ST-ZIP LAKELAND, FL 33803

TITLE MGRM ☐ Delete
NAME MUNSON, PETER J
STREET ADDRESS 1501 S. FLORIDA AVE
CITY-ST-ZIP LAKELAND, FL 33805

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

PETER J MUNSON

4/3/07 863-680-9908