## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L03000045626

1. Entity Name TRIPOWER DEVELOPMENT, LLC



Principal Place of Business

2555 ESTERO BLVD. FORT MYERS BEACH, FL 33931 Mailing Address 2555 ESTERO BLVD. FORT MYERS BEACH, FL 33931

## DO NOT WRITE IN THIS SPACE

03132007 No Chg-LLC

CR2E083 (11/05)

**FILED** 

Mar 19, 2007 08:00 AM

**Secretary of State** 

4. FEI Number 35-2227172 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHENKO, WILLIAM E JR 1661 ESTERO BOULEVARD, #24 FT. MYERS BEACH, FL 33931

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	above named entity submits this statement for the purpose of che bligations of registered agent.	anging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNAT	URE	(NOTE B	DATE
	Signature, typed or printed name of registered agent and line if applicable	(NOTE: Registered Agent eignature required when reinstating)	DATE
	Filing Fee is \$50.00 Due by May 1, 2007	•	U00000671863 03/28/07-80045-021 50.00
9.	MANAGING MEMBERS/MANAGERS		32 32.60 4
TITLE	MGRM		
NAME	HAATAJA, JERRY ANDROS	St	$\mathcal{L}_{\mathbf{q}} = \mathcal{L}_{\mathbf{q}} = \frac{\mathbf{r}_{\mathbf{q}}}{n} \frac{\mathbf{r}_{\mathbf{q}}}{n} \mathbf{I}$ (2.17)

STREET ADDRESS 2555 ESTERO BLVD. CITY-ST-ZIP FORT MYERS BEACH, FL 33931 MGRM HAATAJA, JUDY ANN NAME STREET ADDRESS 2555 ESTERO BLVD. CITY-ST-ZIP FORT MYERS BEACH, FL 33931 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

YPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIV