


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90072 039 *****50.00

DOCUMENT # L03000047881					
1. Entity Name TRIANGLE TURF, LLC					
Principal Place of Business 12765 W FOREST HILL BLVD. SUITE 1305 WELLINGTON, FL 33414			Mailing Address 12765 W FOREST HILL BLVD. SUITE 1305 WELLINGTON, FL 33414		
2. Principal Place of Business 12713 W Forest Hill Blvd			3. Mailing Address		
Suite, Apt. #, etc. # 1211			Suite, Apt. #, etc.		
City & State Wellington FL			City & State		
Zip 33414		Country USA		Zip	
Country		Zip		Country	
4. FEI Number 06-1714076				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04042005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent PRESCOTT, WILLIAM P JR 3110 SW 139TH TERR. DAVIE, FL 33330			7. Name and Address of New Registered Agent		
Name			Timothy J. Prescott		
Street Address (P.O. Box Number is Not Acceptable)			342 Knottywood Lane		
City			Wellington, FL 33414		
State			FL		
Zip Code			33414		
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, the registered agent.					
SIGNATURE <i>Timothy J. Prescott</i> (NOTE: Registered Agent signature required when reinstating) DATE 4/11/05					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM NAME PRESCOTT, WILLIAM P JR. STREET ADDRESS 3110 SW 139TH TERR. CITY-ST-ZIP DAVIE, FL 33330	<input type="checkbox"/> Delete		TITLE MGRM/VP NAME Prescott, William P Jr. STREET ADDRESS 9080 Equus Circle CITY-ST-ZIP Boynton Beach, FL 33437	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME PRESCOTT, WARREN L STREET ADDRESS 1268 GALLOP DRIVE CITY-ST-ZIP LOXAHATCHEE, FL 33470	<input checked="" type="checkbox"/> Delete		TITLE MGRM/P NAME Prescott, Timothy J. STREET ADDRESS 342 Knottywood Lane CITY-ST-ZIP Wellington, FL 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME PRESCOTT, WILLIAM P JR. STREET ADDRESS 3110 SW 139TH TERR. CITY-ST-ZIP DAVIE, FL 33330	<input type="checkbox"/> Delete		TITLE MGRM/T NAME Schrimsher, Jack K. Jr. STREET ADDRESS P. O. Box 507 CITY-ST-ZIP Jupiter, FL 33468	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME PRESCOTT, WARREN L STREET ADDRESS 1268 GALLOP DRIVE CITY-ST-ZIP LOXAHATCHEE, FL 33470	<input type="checkbox"/> Delete		TITLE MGRM/P NAME Prescott, Timothy J. STREET ADDRESS 342 Knottywood Lane CITY-ST-ZIP Wellington, FL 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME PRESCOTT, WILLIAM P JR. STREET ADDRESS 3110 SW 139TH TERR. CITY-ST-ZIP DAVIE, FL 33330	<input type="checkbox"/> Delete		TITLE MGRM/T NAME Schrimsher, Jack K. Jr. STREET ADDRESS P. O. Box 507 CITY-ST-ZIP Jupiter, FL 33468	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME PRESCOTT, WARREN L STREET ADDRESS 1268 GALLOP DRIVE CITY-ST-ZIP LOXAHATCHEE, FL 33470	<input type="checkbox"/> Delete		TITLE MGRM/P NAME Prescott, Timothy J. STREET ADDRESS 342 Knottywood Lane CITY-ST-ZIP Wellington, FL 33414	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify 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 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 <i>Timothy J. Prescott</i> DATE 4/11/05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					