

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000047881

Entity Name: TRIANGLE TURF, LLC

FILED
Jul 12, 2008
Secretary of State

Current Principal Place of Business:

13833 WELLINGTON TRACE
E-4 #218
WELLINGTON, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

342 KNOTTYWOOD LANE
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 06-1714076 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CMJ MANAGEMENT LLC
342 KNOTTYWOOD LN
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRV () Delete
Name: PRESCOTT, WILLIAM P JR.
Address: 9080 EQUUS CIR
City-St-Zip: BOYNTON BEACH, FL 33437

Title: MGRP () Delete
Name: CMJ MANAGEMENT LLC,
Address: 342 KNOTTYWOOD LANE
City-St-Zip: WELLINGTON, FL 33414

Title: MGR () Delete
Name: JOHN R. YOUNG AS PER, SONAL REP.
Address: PO BOX 4626
City-St-Zip: WEST PALM BEACH, FL 33402

Title: MGRT () Delete
Name: PRESCOTT, WILLIAM P SR
Address: 13659 ISHNALA CR.
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TIMOTHY J. PRESCOTT/ CMJ MANAGEMENT

MGME

07/12/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date