## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055951

Entity Name: TRIANGLE2 PARTNERS, LLC

## FILED Jul 05, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

345 BAYSHORE BLVD., SUITE P9 400 N. ASHLEY DRIVE TAMPA, FL 33606

SUITE 1500

TAMPA, FL 33602

**Current Mailing Address:** New Mailing Address:

345 BAYSHORE BLVD., SUITE P9 400 N. ASHLEY DRIVE

TAMPA, FL 33606 SUITE 1500

TAMPA, FL 33602

ADDITIONS/CHANGES:

IRELAND, JOHN

(X) Change ( ) Addition

Title:

FEI Number: 76-0747982 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: Name and Address of New Registered Agent:

IRELAND, JOHN IRELAND, JOHN 345 BAYSHORE BLVD., SUITE P9 400 N. ASHLEY DRIVE

TAMPA, FL 33606 SUITE 1500 TAMPA, FL 33602 US

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: JOHN IRELAND 07/05/2005

> Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS:

MGR () Delete

IRELAND, JOHN Name: Name:

345 BAYSHORE BLVD., SUITE P9 Address: 400 N. ASHLEY DRIVE Address:

City-St-Zip: TAMPA, FL 33606 City-St-Zip: TAMPA, FL 33602

Title: MGR Title: ( ) Delete () Change () Addition MASSEY, TOM Name: Name:

Address: 6023 PIER PLACE Address: City-St-Zip: LAKELAND, FL 33813 City-St-Zip:

Title: MGR () Delete Title: MEM (X) Change ( ) Addition SWANN, LORI SWANN, LORI Name: Name:

4721 WOODROW WILSON ROAD Address: Address:

4721 WOODROW WILSON ROAD City-St-Zip: CROSS PLAINS, TN 37049 City-St-Zip: CROSS PLAINS, TN 37049

Title: MGR () Delete Title: MEM (X) Change ( ) Addition

Name: SISTRUNK, JULIE Name: SISTRUNK, JULIE 801 RUSSELL STREET Address: 801 RUSSELL STREET Address: City-St-Zip: NASHVILLE, TN 37206 City-St-Zip: NASHVILLE, TN 37206

Title: () Delete Title: ( ) Change (X) Addition

GROZIER, RODNEY Name: Name:

1680 MICHIGAN AVENUE #918 Address: Address: City-St-Zip: City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN IRELAND 07/05/2005