2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2006
Secretary of State

DOCUMENT# L03000055951

Entity Name: TRIANGLE2 PARTNERS, LLC

Current Principal Place of Business:

400 N. ASHLEY DRIVE
SUITE 1500
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

400 N. ASHLEY DRIVE
SUITE 1500
TAMPA, FL 33602

New Mailing Address:

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:

IRELAND, JOHN
400 N. ASHLEY DRIVE
SUITE 1500
TAMPA, FL 33602 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:	MGR	( ) Delete
Name:	IRELAND, JOHN	
Address:	400 N. ASHLEY DRIVE	
City-St-Zip:	TAMPA, FL 33602	
Title:	MGR	( ) Delete
Name:	MASSEY, TOM	
Address:	6023 PIER PLACE	
City-St-Zip:	LAKELAND, FL 33813	
Title:	MEM	( ) Delete
Name:	SWANN, LORI	
Address:	4721 WOODROW WILSON ROAD	
City-St-Zip:	CROSS PLAINS, TN 37049	
Title:	MEM	( ) Delete
Name:	SISTRUNK, JULIE	
Address:	801 RUSSELL STREET	
City-St-Zip:	NASHVILLE, TN 37206	
Title:	MEM	( ) Delete
Name:	GROZIER, RODNEY	
Address:	1680 MICHIGAN AVENUE #918	
City-St-Zip:	MIAMI BEACH, FL 33139	

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN IRELAND MGR 07/05/2006

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