

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055951

FILED
Feb 16, 2007
Secretary of State

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 ()

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: MGR (X) Change () Addition
Name: SWANN, LORI
Address: 4721 WOODROW WILSON ROAD
City-St-Zip: CROSS PLAINS, TN 37049

Title: MGR (X) Change () Addition
Name: SISTRUNK, JULIE
Address: 801 RUSSELL STREET
City-St-Zip: NASHVILLE, TN 37206

Title: MGR (X) Change () Addition
Name: GROZIER, RODNEY
Address: 1680 MICHIGAN AVENUE #918
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 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

02/16/2007

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