

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055951

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: TRIANGLE2 PARTNERS, LLC

## Current Principal Place of Business:

% BIVINS & HEMENWAY P.A.  
1060 BLOOMINGDALE AVE.  
VALRICO, FL 33594

## New Principal Place of Business:

## Current Mailing Address:

% BIVINS & HEMENWAY P.A.  
1060 BLOOMINGDALE AVE.  
VALRICO, FL 33594

## New Mailing Address:

34B HIGH STREET  
MARBLEHEAD, MA 01945

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  
C/O ROBERT BIVINS  
1060 BLOOMINGDALE AVE  
VALRICO, FL 33594 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: 34B HIGH STREET  
City-St-Zip: MARBLEHEAD, MA 01945

Title: MGR ( ) Delete  
Name: MASSEY, TOM  
Address: 6023 PIER PLACE  
City-St-Zip: LAKELAND, FL 33813

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

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

Title: MGR ( ) 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 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

03/23/2009

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