

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000055951

**FILED**  
**Jan 05, 2010**  
**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:**

34B HIGH STREET  
MARBLEHEAD, MA 01945

**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  
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  
**Name:** IRELAND, JOHN  
**Address:** 34B HIGH STREET  
**City-St-Zip:** MARBLEHEAD, MA 01945

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

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

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

**Title:** MGR  
**Name:** GROZIER, RODNEY  
**Address:** 1680 MICHIGAN AVENUE #918  
**City-St-Zip:** MIAMI BEACH, FL 33139

I hereby 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

01/05/2010

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