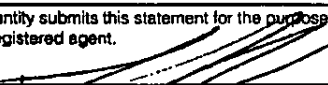
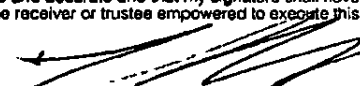


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

01-11-2005 90020 007 ****50.00

DOCUMENT # L04000004427 1. Entity Name TRIPLE M HOLDINGS OF JUPITER, LLC					
Principal Place of Business 1000 NORTH US HIGHWAY ONE UNIT 735 JUPITER, FL 33477			Mailing Address 1000 NORTH US HIGHWAY ONE UNIT 735 JUPITER, FL 33477		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent MEZZAPELLE, DAVID M 50 S. US HIGHWAY ONE SUITE 206 JUPITER, FL 33477			7. Name and Address of New Registered Agent Name Mezzapelle David M Street Address (P.O. Box Number is Not Acceptable) 1000 N US Hwy one # 735 City Jupiter FL Zip Code 33477		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 1/5/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM ☐ Delete		TITLE	☒ Change ☐ Addition	
NAME	GOLIATH INVESMENTS LLC		NAME	1000 N US Hwy one # 735	
STREET ADDRESS	50 SOUTH US HIGHWAY ONE, SUITE 206		STREET ADDRESS	Jupiter, FL 33477	
CITY-ST-ZIP	JUPITER, FL 33477		CITY-ST-ZIP	33477	
TITLE	MGRM ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	MCCAFFERY REAL ESTATE ASSOCIATES LLC		NAME		
STREET ADDRESS	67 KARA LANE		STREET ADDRESS		
CITY-ST-ZIP	FEASTERVILLE, PA 19053		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify 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 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 606, Florida Statutes.					
SIGNATURE: 			Date 1/5/05 Daytime Phone # 561 7450222		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					