## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Apr 19, 2005 8:00 am Secretary of State 04-19-2005 90028 042 \*\*\*\*50.00

DOCUMENT # L0400009846  1. Enlity Name TRIANGLE BUILDING, LLC					04-19-2005 90028 042 ****50				50.00	
Principal Place of Business Mailing Address							200:	38259		
5480 NE 22		5480 NE 22 AVE					<b>2</b> 000	,0,00		
FORT LAUDERDALE, FL 33308 FORT LAUDERDALE, FL 3						-				
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2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01112005	Chg-LLC	CR2E0	83 (10/03)		
City & State	9	City & State				4. FEI Num	O68118	<u>'3</u>	<u> </u>	plied For Applicable
Zip	Country	- Zip-	Count	try	· .		e of Status Desired		\$5.00 Addi Fee Required	
ويوائيوا والم	6: Name and Address of Current R	legistered Agent				7. Name an	d Address of New	Registered /	\gent	
CD 4 71CC	DODERTM	1	• •	Name	<b>;</b> !				- , , ·-	15.
5480 NE 2	ROBERT M 2/AVE CVODE/SDVITET FILE ACTOR JDERDALE, FL 33308	من کریڈ کسیس میں	• PI;	Street A	ddress (	P.O. Box Num	ber is Not Acceptal	òle) -		
PORTLAC	DENDALE, IL 33300			- ,	:					
	<b>3.</b> <i>(</i>		•	City	·			FL	Zip Code	9 , 91-0
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	ed office or	register	ed agent, or b	oth, in the State of	Florida, I am	(amiliar with, a	and accept
SIGNATURE .	Signature, typed or printed name of registered agent at	ort title if applicable (NOT)	- Penistere	d Agent signati	ure requirer	when reinstating)	<del></del>	DATE		<del></del>
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Fi — D	iling Fee is \$50.00 ue by May 1, 2005			-				ake check p da Departm		<b>)</b>
9.	MANAGING MEMBER	RS/MANAGERS	10.				- Flori		ent of State	<b>,</b>
9. 111LE	MANAGING MEMBER	RS/MANAGERS	TITLE				- Flori	da Departm	ent of State	Addilion
9.  TITLE  NAME	MANAGING MEMBER MGRM FRAZIER, ROBERT M		TITU	E			- Flori	da Departm	ent of State	
9. 111LE	MANAGING MEMBER		TITLE NAM STRE				- Flori	da Departm	ent of State	
9.  TITLE  NAME  STREET ADDRESS	MANAGING MEMBER MGRM FRAZIER, ROBERT M 5480 NE 22 AVE	☐ Delete	TITLE NAM STRE	ET ADDRESS - ST-ZIP			- Flori	da Departm	ent of State	Addition
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Ingreey certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGER, WANAGER, OR AUTHORIZED REPRESENTATIVE