2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007
Secretary of State

DOCUMENT# L04000016688

Entity Name: TRIPLE-NET LLC

Current Principal Place of Business:

15334 S.W. 35TH STREET
DAVIE, FL 33331

New Principal Place of Business:

Current Mailing Address:

15334 S.W. 35TH STREET
DAVIE, FL 33331

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAX, ANDREW
15334 S.W. 35TH STREET
DAVIE, FL 33331 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: MGRM ( ) Delete
Name: LAX, ANDREW
Address: 15334 S.W. 35TH STREET
City-St-Zip: DAVIE, FL 33331

Title: MGR ( ) Delete
Name: SHWEKY, BRUCE
Address: 15334 SW 35TH STREET
City-St-Zip: DAVIE, FL 33331

Title: MGR ( ) Delete
Name: NACARRATO, JOHN
Address: 15334 SW 35TH STREET
City-St-Zip: DAVIE, FL 33331

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:

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: ANDREW LAX MGRM 04/02/2007

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