2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

AMENDED ANNUAL REPORT					, FILLU			
DOCUMENT # L04000022851					SECRETARY OF STATE DIVISION OF CORPORATIONS			
1. Entity Name TRIANGLE DEVELOPMENT COMPANY, LLC						0141210k ib	CORPORATIO	INS
AND						05 MAY 2	3 AM 9:22	
Principal Plac	e of Business	Mailing Address			n			
133 CANDY		133 CANDY LANE			100/			
PALM HARB	OR, FL 34683	PALM HARBOR, FL 346	83					
					" " 	1 22 00 1 120 11 00 12 00 1	26 00 11613 (182) (813) 6(8)	
2. Principal Place of Business 3. Mailing Address 7. Ft. Harrison Ave 714 70, Ft. Harrison Ave				, , , , , , , , , , , , , , , , , , ,		H BRIH BIŞIN BIRIN BIRIN BIŞIN		
Suite, Apt.		Suite, Apt. #, etc.	tori son	HYR				
					05162005	Chg-LLC	CR2E083 (10/03)	ı
City & Stat	woder, FL	City & State Cleanwat	or El		4. FEI Numb 20-092			pplied For
Zip	Country		Country	•			_ \$5.00.4	ot Applicable
337		3°8755	USF	}	5. Certificate	of Status Desired	Fee Require	
6. Name and Address of Current Registered Agent					7. Name and	Address of New Re	egistered Agent	
CORPORATE CREATIONS NETWORK, INC.						ensami	Σα	
11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410			Street	Street Address (P.O. Box Number is Not Acceptable)				
PALM BEACH GARDENS, FL 33410								******
Cipn Cipn FI Zip,Code								
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 obligat	tions of registered agent.	the barpass of unanging harv	ogistored onico (n registere	ad agent, or oc	ol, al the state of thos	ica. Familaniaia wili,	, and accept
SIGNATURE	/ Sun / lug	ly			<u> </u>	May 2	2 20e5	
	Signature, typed or printed name of egistered agent a	nd title if applicable. (NOTE:	Registered Agent signs	tura requirad	when reinstating)		DATE	
, , , , , , , , , , , , , , , , , , , ,						Make	check payable to	
^	mended AR is \$50.00						Department of Stat	te
9.	MANAGING MEMBER		10.	T		ADDITIONS/		
TITLE NAME	MGRM KUGLER, BENJAMIN	` ☐ Delete	TITLE NAME	MG	KW 3	eniamin	☐ Change	Addition Addition
STREET ADDRESS	133 CANDY LANE		STREET ADDRESS	714	JU L	enjamin n+Harri	son AUL.	
CITY-ST-ZIP	PALM HARBOR, FL 34683		CITY-ST-ZIP	i	an wo	_	33755	
TITLE	MGRM	☐ Delete	TITLE	<i>*</i> ~`~	- Rm) <u> </u>	☐ Change	Addition
NAME STREET ADDRESS	HOLLINGSWORTH, JESSICA		NAME STREET ADDRESS	_	lack	r Harri	son Avl	// O
CITY-ST-ZIP	PALM HARBOR, FL 34683		CITY-SI-ZIP			· ·	FL 3875	_
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CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
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			CITY-ST-ZIP					
CITY-ST-ZIP		11 PP 4					4	
CITY-ST-ZIP 11. I hereby of indicated	certify that the information supplied with on this report is true and accurate and t	hat my sjgnature shall have th	e same legal effe	ect as if ma	ade under oath	i; that I am a managi	further certify that the in	nformation er of the
CITY-ST-ZIP 11. I hereby of indicated	certify that the information supplied with on this report is true and accorate and the bility company or the receiver or trustee	hat my sjgnature shall have th	e same legal effe	ect as if ma	ade under oath	i; that I am a managi	further certify that the in ng member or manage	nformation er of the
11. I hereby of indicated limited lia	on this report is true and accurate and to bility company or the receiver or trustee	hat my sjgnature shall have th	e same legal effe	ect as if ma	ade under oath	s; that I am a managi Statutes.	ng member or manage	nformation er of the
CITY-ST-ZIP 11. I hereby of indicated	on this report is true and accurate and to bility company or the receiver or trustee	that my signature shall have the empowered to execute this re	e same legal effe port as required	ect as if ma by Chapte	ade under oath er 608, Florida	i; that I am a managi	ng member or manage	nformation er of the