


2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L04000022851	
1. Entity Name TRIANGLE DEVELOPMENT COMPANY, LLC	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 23 AM 9:22

Principal Place of Business 133 CANDY LANE PALM HARBOR, FL 34683	Mailing Address 133 CANDY LANE PALM HARBOR, FL 34683
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2. Principal Place of Business 714 N. Ft. Harrison Ave	3. Mailing Address 714 N. Ft. Harrison Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05162005 Chg-LLC CR2E083 (10/03)

City & State Clearwater, FL	City & State Clearwater, FL
Zip 33755	Country USA
Zip 33755	Country USA

4. FEI Number
20-0922291

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410	7. Name and Address of New Registered Agent Name Kugler, Benjamin Street Address (P.O. Box Number is Not Acceptable) 714 N. Fort Harrison Avenue City Clearwater FL Zip Code 33755
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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 Ben Kugler DATE May 20, 2005

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KUGLER, BENJAMIN 133 CANDY LANE PALM HARBOR, FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Kugler, Benjamin 714 N. Fort Harrison Ave. Clearwater, FL 33755 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLLINGSWORTH, JESSICA 133 CANDY LANE PALM HARBOR, FL 34683 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Pollack, Ron 714 N. Ft. Harrison Avenue Clearwater, FL 33755 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 608, Florida Statutes.

SIGNATURE: Ben Kugler DATE May 20, 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE