


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000029883 1. Entity Name TRIPLE J M T, LLC	
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Principal Place of Business 28363 CORTEZ BLVD BROOKSVILLE, FL 34602	Mailing Address 28363 CORTEZ BLVD BROOKSVILLE, FL 34602
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DO NOT WRITE IN THIS SPACE



02262006 No Chg. LLC: CR2E083 (11/05)

4. FEI Number 20-1028470	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**THE HOGAN LAW FIRM, LLC
20 SOUTH BROAD STREET
BROOKSVILLE, FL 34601**

**DO NOT WRITE
IN THIS SPACE**

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 *John S. Ames* 4/4/06
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, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMES, JOHN S 28091 WHITE DOVE DRIVE BROOKSVILLE, FL 34602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMES, MARY ANN 28091 WHITE DOVE DRIVE BROOKSVILLE, FL 34602
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04/21/06-80049-021 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Mary Ann Ames* 352 796 5264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE