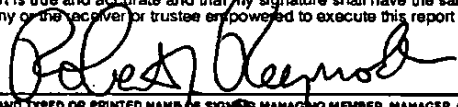


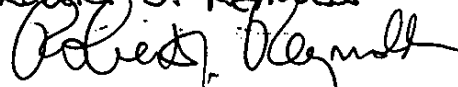
# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90154 008 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                           |                                            |                                                                                                                                      |                                                                                   |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L04000038562</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                           |                                            |                                                                                                                                      |  |                                                                   |
| 1. Entity Name<br><b>TRI-ANGLER, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                           |                                            |                                                                                                                                      |                                                                                   |                                                                   |
| Principal Place of Business<br><b>20093 EAST PENNSYLVANIA AVE.<br/>SUITE 4<br/>DUNNELLON FL 34432<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                           |                                            | Mailing Address<br><b>P. O. DRAWER 2480<br/>DUNNELLON FL 34430<br/>US</b>                                                            |                                                                                   |                                                                   |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                           |                                            | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                                                                        |                                                                                   |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                           |                                            | City & State                                                                                                                         |                                                                                   |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country                                                                                   | Zip                                        | Country                                                                                                                              | 4. FEI Number <b>20-1444873</b> Applied For Not Applicable                        |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                           |                                            |                                                                                                                                      |                                                                                   |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>REYNOLDS, ROBERT J<br/>20093 EAST PENNSYLVANIA AVE.<br/>SUITE 4<br/>DUNNELLON FL 34432</b>                                                                                                                                                                                                                                                                                                                                                              |                                                                                           |                                            | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 obligations of registered agent.                                                                                                                                                                                                                                                                                 |                                                                                           |                                            |                                                                                                                                      |                                                                                   |                                                                   |
| SIGNATURE _____ (NOTE: Registered Agent's signature required when re-registering) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                           |                                            |                                                                                                                                      |                                                                                   |                                                                   |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                           |                                            |                                                                                                                                      |                                                                                   |                                                                   |
| 9. MANAGING MEMBERS / MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                           |                                            | 10. ADDITIONS / CHANGES                                                                                                              |                                                                                   |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MGRM<br>REYNOLDS, ROBERT J<br>20093 EAST PENNSYLVANIA AVE., SUITE 4<br>DUNNELLON FL 34432 | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MGRM<br>REYNOLDS, WILLIAM J<br>12082 WEKIWA CIRCLE<br>DUNNELLON FL 34432                  | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MGRM<br>REYNOLDS, JOHN P<br>918 GARDEN PLAZA<br>ORLANDO FL 32803                          | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                           | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                           | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                           | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>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:                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                           |                                            | Date: <b>1/28/05</b> (352) 481-6290                                                                                                  |                                                                                   |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER: MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                           |                                            |                                                                                                                                      |                                                                                   |                                                                   |

AMENDED:



3/8/05