

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000056209

FILED
Jul 18, 2005
Secretary of State

Entity Name: POLY-TRIPLEX SOUTHEAST LLC

Current Principal Place of Business:

9851 SOUTH THOMAS DRIVE
108
PANAMA CITY BEACH, FL 32408

New Principal Place of Business:

13 NORRIEGO ROAD
DESTIN, FL 32541

Current Mailing Address:

9851 SOUTH THOMAS DRIVE
108
PANAMA CITY BEACH, FL 32408

New Mailing Address:

13 NORRIEGO ROAD
DESTIN, FL 32541

FEI Number: 20-1422460 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JONES, KATHRYN M
9851 SOUTH THOMAS DRIVE
108
PANAMA CITY BEACH, FL 32408 US

Name and Address of New Registered Agent:

THOMAS GRADY REED, III, P.A.
4400 EAST STATE ROAD 20
SUITE 304
NICEVILLE, FL 32578 US

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: THOMAS GRADY REED, III

07/18/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCNEIL, RONALD A
Address: 13 NORRIEGO ROAD
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MCNEIL, RONALD A
Address: 13 NORRIEGO RAOD
City-St-Zip: DESTIN, FL 32541

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RONALD A. MCNEIL

PRES

07/18/2005

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