

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000071959

FILED
Jan 08, 2007
Secretary of State

Entity Name: TRIAD DEVELOPMENT LLC

Current Principal Place of Business:

5685 BALKAN CT
FT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

5685 BALKAN CT
FT MYERS, FL 33919

New Mailing Address:

FEI Number: 84-1659039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAFFE, BARBARA
5685 BALKAN CT
FT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JAFFE, BARBARA E
Address: 5685 BALKAN CT
City-St-Zip: FT MYERS, FL 33919

Title: MGRM () Delete
Name: LIEBERMAN, BARBARA AIN E
Address: 5685 BALKAN CT
City-St-Zip: FT MYERS, FL 33919

Title: MGRM () Delete
Name: BRENNER, SCOTT J
Address: 395 BAMBOO DR
City-St-Zip: N. FT. MYERS, FL 33917

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: BARBARA JAFFE

MS.

01/08/2007

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