2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 21, 2005
Secretary of State

DOCUMENT# L04000080420

Entity Name: TRIANGLE J, L.L.C.

Current Principal Place of Business:

5645 WILLOUGHBY DRIVE
MELBOURNE, FL 32934

New Principal Place of Business:

Current Mailing Address:

5645 WILLOUGHBY DRIVE
MELBOURNE, FL 32934

New Mailing Address:

FEI Number: 20-2132264 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

JELUS, TIMOTHY C
5645 WILLOUGHBY DRIVE
MELBOURNE, FL 32934 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: JELUS, TIMOTHY C
Address: 5645 WILLOUGHBY DRIVE
City-St-Zip: MELBOURNE, FL 32934

Title: MGRM ( ) Delete
Name: JELUS, KIMBERLY J
Address: 5645 WILLOUGHBY DRIVE
City-St-Zip: MELBOURNE, FL 32934

ADDITIONS/CHANGES:

Title: MGRS (X) Change ( ) Addition
Name: JELUS, TIMOTHY C
Address: 5645 WILLOUGHBY DRIVE
City-St-Zip: MELBOURNE, FL 32934

Title: MGRP (X) Change ( ) Addition
Name: JELUS, KIMBERLY J
Address: 5645 WILLOUGHBY DRIVE
City-St-Zip: MELBOURNE, FL 32934

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: KIMBERLY J C JELUS MGRP 07/21/2005

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