2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Aug 31, 2005 8:00 am Secretary of State **DOCUMENT # L04000080489** 1. Entity Name TRIPLE "C" CONSTRUCTION CO. LLC 08-31-2005 90065 020 ****50.00 Principal Place of Business Mailing Address 239 NE 22ND, ST. 239 NE 22ND, ST. DELRAY BEACH, FL 33444 DELRAY BEACH, FL 33444 2. Principal Place of Business 3. Mailing Address 111 Las Brisas curde III las Brisas Wele Suite, Apt. #, etc. Suite, Apt. #, etc. 08282005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For typoluxo 20-1489121 1Poluxo Not Applicable Country Countr \$5.00 Additional 5. Certificate of Status Desired USA U54 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COX, CHRISTOPHER J Street Address (P.O. Box Number is Not Acceptable) 239 NE 22ND. ST. DELRAY BEACH, FL 33444 111 Las Brosas Curcle City Hypoluxo 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of re-SIGNATURE of registored agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 7, 2005 Make check payable to Fiorida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE ☐ Delete TITLE Change ☐ Addition COX, CHRISTOPHER J NAME 111 LOS Brisas Circle 239 NE 22ND, ST, STREET ADDRESS STREET ADDRESS Hypoluxo F 32462 CITY-ST-ZIP DELRAY BEACH, FL 33444 CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 SIGNATURE AND TYPED OR P NG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone

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