FILED 2006 LIMITED LIABILITY COMPANYANNUAL REPORT

Apr 14, 2006 08:00 A
Secretary of State

DOCUMENT # L0400090568 1. Entity Name TRIANGLE INTERNATIONAL, L.L.C. Principal Place of Business 2500 WEST 33RD STREET ORLANDO, FL 32839 Mailing Address 2500 WEST 33RD STREET ORLANDO, FL 32839	Secretary of Sta
DO NOT WRITE IN THIS SPA	04032006 No Chg-LLC
6. Name and Address of Current Registered Agent DOOLABH, SHIRISH K 8813 SOUTH BAY DRIVE ORLANDO, FL 32819	DO NOT WRITE IN THIS SPACE
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 Signature hyped or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) PATE Filling Fee is \$50.00	
Due by May 1, 2006	
9. MANAGING MEMBERS/MANAGERS INTLE MGRM QAZI, SAJJAD A STREEL ADDRESS SH13 SOUTH BAY DRIVE ORLANDO, FL 32819 INTLE MGR NAME DOOLABH, SHIRISH K STREEL ADDRESS CITY-SI-ZIP ORLANDO, FL 32839	U00000509519^M 04/28/06-80047-007 50.00^M
TITLE NAME STREET ADDRESS CITY-ST-ZIP VITLE NAME STREET ADDRESS	DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-S1-ZIP 14. Undereby certify that the information symplied with this filling does not gratify to the ex-	emilians coolsined in Charles 440 Table Clarks
11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have his 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: SIGNATURE AND TYPED OR MAINTED MAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Days There is the information of the information indicated on this report is true and accurate and that my amaging 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.	