

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000091404

**FILED**  
**Feb 25, 2005**  
**Secretary of State**

**Entity Name:** TRIANGULAR, LLC

**Current Principal Place of Business:**

14601 SABAL DRIVE  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

2350 WEST 84TH STREET  
BAY 14  
HIALEAH, FL 33016

**Current Mailing Address:**

14601 SABAL DRIVE  
MIAMI LAKES, FL 33014

**New Mailing Address:**

2350 WEST 84TH STREET  
BAY 14  
HIALEAH, FL 33016

FEI Number: 20-2133634

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ATRIUM REGISTERED AGENTS, INC.  
1500 SAN REMO AVE., SUITE 125  
CORAL GABLES, FL 33146 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: APAID, DAVID  
Address: 14601 SABAL DRIVE  
City-St-Zip: MIAMI LAKES, FL 33014

**ADDITIONS/CHANGES:**

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 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: DAVID APAID

MAN

02/25/2005

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