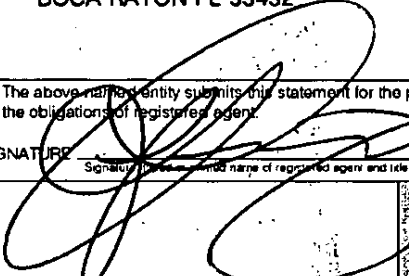
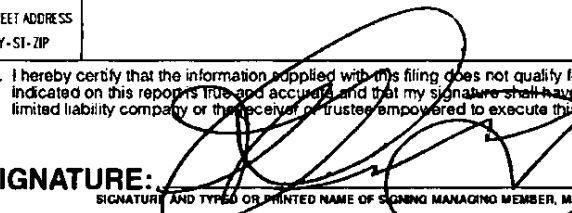


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 12, 2005 8:00 am
Secretary of State

04-13-2005 90213 047 ****50.00

DOCUMENT # L04000093953					
1. Entity Name TRIPLE HSD LLC					
Principal Place of Business 1600 ROYAL PALM WAY BOCA RATON FL 33432			Mailing Address 1600 ROYAL PALM WAY BOCA RATON FL 33432		
2. Principal Place of Business 1201 EAST HILLSBORO BLVD		3. Mailing Address 1201 E. HILLSBORO BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State DEERFIELD BEACH		City & State DEERFIELD BEACH, FL		4. FEI Number 20-2118654	
Zip 33441		Country		☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSEMURGY, ALEXANDER S II 1600 ROYAL PALM WAY BOCA RATON FL 33432			7. Name and Address of New Registered Agent Name ALEXANDER S. ROSEMURGY II Street Address (P.O. Box Number is Not Acceptable) 1201 EAST HILLSBORO BLVD City DEERFIELD BEACH FL 33441		
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 			DATE 3/30/05		
Signature of the individual name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)			FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING PARTNER ALEXANDER S. ROSEMURGY 1201 E. HILLSBORO BLVD DEERFIELD BEACH, FL 33441		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GENERAL PARTNER JOHN TIGAT 1201 E. HILLSBORO BLVD DEERFIELD BEACH, FL 33441		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 			Date 3/30/05 Daytime Phone # 954-571-3464		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

ATTACHMENT

300 06008

Alexander S. Rosemurgy
Managing Partner
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Deerfield Beach, FL 33441

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