2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# L05000012927

Entity Name: TRIPLE-R HOSTING, LLC

Current Principal Place of Business:

5301 W. CYPRESS ST, #105
TAMPA, FL 33607

New Principal Place of Business:

2502 ROCKY POINT DRIVE
SUITE 960
TAMPA, FL 33607

Current Mailing Address:

5301 W. CYPRESS ST, #105
TAMPA, FL 33607

New Mailing Address:

2502 ROCKY POINT DR
SUITE 960
TAMPA, FL 33607

FEI Number: 32-0143602 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALING, GARY
2053 ACADEMY CT
NEW PORT RICHEY, FL 34655 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: RAPP, DENNIS D
Address: 204 37TH AVE N #254
City-St-Zip: ST PETERSBURG, FL 33704

Title: MGRM ( ) Delete
Name: ROBERTS, STEVE A
Address: 12701 LAMBRO PL
City-St-Zip: TAMPA, FL 33624

Title: MGRM ( ) Delete
Name: MURRAY, RAYMOND E
Address: #5 BRAESIDE PL
City-St-Zip: CLEARWATER, FL 33759

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 Chapter 119, 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: STEVE A ROBERTS MGRM 04/26/2006

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