

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000012927

Entity Name: TRIPLE-R HOSTING, LLC

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

2502 ROCKY POINT DRIVE
SUITE 960
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

2502 ROCKY POINT DR
SUITE 960
TAMPA, FL 33607

New Mailing Address:

FEI Number: 32-0143602 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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 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 ROBERTS

MGRM

05/01/2008

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