2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

	ANNOAL	1						
DOCUMENT # L05000021386 1. Entity Name						Fi	LED	
TRIPLE C	ROWN, LLC				C		9 AM 8:	51.
Principal Plac	e of Business	Mailing Address	Mailing Address					
25 SYLVANIA AVENUE			25 SYLVANIA AVENUE		î A	II THE	12.514	TE
ENGLEWOOD FL 34223		ENGLEWOOD FL 34223						
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		1st MOORE	CR2E08	3 (10/05)	
City & State		City & State	City & State		4. FEI Number		<u> </u>	plied For t Applicable
. Zip	Country	Country Zip Cou		У	5. Certificate of Status Desire	d 🔲	\$5.00 Add	
	6. Name and Address of Curr	ent Registered Agent	· · · · · · · · · · · · · · · · · · ·		7. Name and Address of Ne	w Registered	Agent	
0000400 104004				Name				
25 9	DDARD, JOHN W SYLVANIA AVENUE GLEWOOD FL 34223		Street Address		P.O. Box Number is Not Accept	able)		
_1*C	12244000 E 34223			City		Fl	Zip Code)
9 The above	named entity submits this statemen	at for the nurges of changing its	registera		ad agent, or both in the State of			
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 4/10/06								
Signature, typed or printed came of registered agent and time it applicable. (NOTE: registered Agent signature required when reinstating)								
FILE: NOW!!! FEE IS \$50.00. Make Check Payable to Florida Department of State Due By May 1, 2006								
9. MANAGING MEMBERS/MANAGERS 10.				ACA 20 000 000 000 000 000 000 000 000 000	ADDITIO	NS/CHANGE	S	
TITLE			TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS	GODDARD, JOHN W S 25 SYLVANIA AVENUE		NAME	T ADDRESS				
CITY-ST-ZIP	20 012711111111121102		CITY-	*				
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME CYDEET ADDRESS			NAME	T ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-:					
TITLE	I 1	☐ Delete	TITLE				☐ Change	Addition
NAME	Laula 1		NA <u>M</u> F	T ADDRESS	לפקחחמבי	'Enat	==	
STREET ADDRESS CITY-ST-ZIP	(Kend a		CITY-	T ADDRESS ST-ZIP	5000727 04/28/0601035	007 *	.¥500.00	
TITLE	γ	☐ Delete	TITLE		F		☐ Change	Addition
NAME	,		NAME	- 6				
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP				
TITLE		☐ Delete	TITLE				Change	Addition
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREE CITY-	T ADDRESS ST-ZIP				
TITLE		☐ Delete	TITLE				Change	Addition
NAME STREET ADDRESS			NAME STREE	T ADDRESS				
CITY-ST-ZIP				ST-ZIP				
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.								
// No start of the second								
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date								