
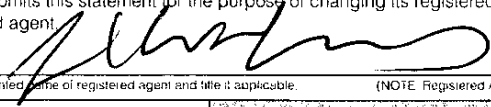
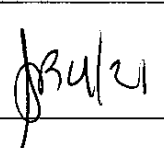


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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DOCUMENT # L05000021386 1. Entity Name TRIPLE CROWN, LLC						FILED 06 APR 19 AM 8:54 	
Principal Place of Business 25 SYLVANIA AVENUE ENGLEWOOD FL 34223				Mailing Address 25 SYLVANIA AVENUE ENGLEWOOD FL 34223			
2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
City & State		City & State		1st MOORE		CR2E083 (10/05)	
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
GODDARD, JOHN W 25 SYLVANIA AVENUE ENGLEWOOD FL 34223				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 4/10/06			
Signature, typed or printed name of registered agent and title if 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. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GODDARD, JOHN W 25 SYLVANIA AVENUE ENGLEWOOD FL 34223	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500072760465 04/28/06--01035--007 **500.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.							
SIGNATURE: 				Date 4/10/06 Daytime Phone # 941-716-8556			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE							