2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2007
Secretary of State

DOCUMENT# L05000048637

Entity Name: TRIPLE F OF ST. AUGUSTINE, LLC

Current Principal Place of Business:

2875 SOUTH OCEAN BLVD.
SUITE 214
PALM BEACH, FL 33480 US

New Principal Place of Business:

75 NE 6TH AVE
SUITE 101
DELRAY BEACH, FL 33483 US

Current Mailing Address:

2875 SOUTH OCEAN BLVD.
SUITE 214
PALM BEACH, FL 33480 US

New Mailing Address:

75 NE 6TH AVE
SUITE 101
DELRAY BEACH, FL 33483 US

FEI Number: 20-3048018 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FORMAN, BRETT D
2875 SOUTH OCEAN BLVD
SUITE 214
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

FORMAN, BRETT D
75 NE 6TH AVE
SUITE 101
DELRAY BEACH, FL 33483 US

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: 04/04/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: TRIPLE F FUNDING, LL, C
Address: 2875 SOUTH OCEAN BLVD., SUITE 214
City-St-Zip: PALM BEACH, FL 33480 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: TRIPLE F FUNDING, LL, C
Address: 75 NE 6TH AVE SUITE 101
City-St-Zip: DELRAY BEACH, FL 33483 US

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: BRETT FORMAN MR. 04/04/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date