
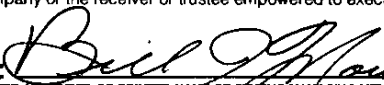


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90025 004 ****55.00

DOCUMENT # L05000049962 1. Entity Name TRIPLE DIAMOND CHARLESTON PLACE, LLC					
Principal Place of Business 3439 TECHNOLOGY DRIVE STE 3 AND 4 NOKOMIS, FL 34275			Mailing Address 3439 TECHNOLOGY DRIVE STE 3 AND 4 NOKOMIS, FL 34275		
2. Principal Place of Business 105 TRIPLE DIAMOND BLVD.		3. Mailing Address P.O. BOX 1807			
Suite, Apt. #, etc. SUITE # 104		Suite, Apt. #, etc. P.O. BOX 1807			
City & State NORTH VENICE, FL		City & State NOKOMIS, FL			
Zip 34275	Country USA	Zip 34274	Country USA	4. FEI Number 20-2916885	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WAGNER, E. JOHN II 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
MGRM MORSE, BILL J 105 TRIPLE DIAMOND BLVD. STE 104 NORTH VENICE, FL 34275			MGRM HOSTETLER, PAUL E 105 TRIPLE DIAMOND BLVD. STE 101 NORTH VENICE, FL 34275		
MGRM HOSTETLER, PAUL E 105 TRIPLE DIAMOND BLVD. STE 101 NORTH VENICE, FL 34275			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<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 Chapter 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: 			BILL J MORSE		
SIGNATURE AND TYPED OR PRINTED NAME OF SERVING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 4/24/2006 Daytime Phone # (941) 486-0071		