2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000049962

1. Entity Name
TRIPLE DIAMOND CHARLESTON PLACE, LLC



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

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

			60 M						
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					٠,	
2. Principal Place	of Business	3. Mailing Address							
105 TRIPLE DIAMOND BLVD.			or wanty radiose			BRIBI WANA MARA MARKA M	UIII 20) 2101J		1001 ff /041
Suite, Apt. #, etc.			Suite, Apt. #, etc.						
SUITE # 104			P.O. BOX 1807		4242006	Chg-LLC	CR2E	083 (11/05)	
City & State		City & State			FEI Numbe	er		Ar	oplied For
NORTH VENICE, FL		NOKOMIS, FI	NOKOMIS, FL		20-2	916885		No	ot Applicable
Zip	Country	Žip	Country		Cartificate	of Status Desired	(73)	\$5.00 Add	ditional
34275	USA	34274	USA	°.	Certificate	of Status Desired	K K	Fee Require	×d
6. Name and Address of Current I		Current Registered Agent	Registered Agent		7. Name and Address of New Registered Agent				
			Name						
WAGNER, E. JOHN 11 200 SOUTH ORANGE AVENUE			Street Address (Box Number	er is Not Acceptab	ole)		
SARASOTA, F	FL 34236			····					
· · ·			City				F	L Zip Cod	ie
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	ture, typed or printed name of regist	tered agent and title if applicable. (NC	TE: Registered Agent signate	ire required when	reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006								payable to nent of Stat	.
DA9 C	Dy Hiay 1, 2000	1					ua veparu	nent of Stat	
9. <u>Due t</u>		MEMBERS/MANAGERS	10.				S/CHANGE		
		MEMBERS/MANAGERS	10.	MGRM			<u> </u>		XXAddition (
9.				MORSE	, BILI	ADDITION:	S/CHANGE	S	<u>-</u>
9. TITLE NAME STREET ADDRESS			TITLE NAME STREET ADDRESS	MORSE, 105 TR	RIPLE	ADDITION: J DIAMOND E	S/CHANGE	S	XXAddition
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9. TITLE NAME STREET ADDRESS			TITLE NAME STREET ADDRESS	MORSE, 105 TF NORTH MGRM	RIPLE VENIC	ADDITION: J DIAMOND F E, FL 34	S/CHANGE	S Change	XXAddition
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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.

BILL J MORSE 4/24/2006 (941) 486-0071