


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
May 08, 2006 8:00 am
Secretary of State

04-13-2006 90039 011 *****50.00

DOCUMENT # L05000051208 1. Entity Name TRIPLE P RANCH, LLC			
Principal Place of Business 132 SHARWOOD DRIVE NAPLES FL 34110 US		Mailing Address 132 SHARWOOD DRIVE NAPLES FL 34110 US	
2. Principal Place of Business 132 Sharwood Drive Suite, Apt. #, etc.		3. Mailing Address 132 Sharwood Drive Suite, Apt. #, etc.	
City & State Naples FL Zip 34110 Country		City & State Naples FL Zip 34110 Country	
4. FEI Number 20-2886078		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RITCHIE, RONALD W ESQ 5129 CASTELLO DRIVE SUITE 4 NAPLES FL 34103		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 <u><i>Peter E Shoup</i></u> (NOTE: Registered Agent signature required when resigning) DATE			
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 SHOUP, PETER E 132 SHARWOOD DR NAPLES FL 34110	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Peter E Shoup</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			



1st MOORE CR2E083 (10/05)