


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L05000054976</b> 1. Entity Name TRIANGLE OLD BAY HOLDINGS, LLC	
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Principal Place of Business 305 N FT HARRISON CLEARWATER, FL 33755	Mailing Address 305 N FT HARRISON CLEARWATER, FL 33755
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03172008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2946009	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  BENJAMIN, KUGLER 305 N FT HARRISON CLEARWATER, FL 33756
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	U000000890763 04/22/08-80107-018 138.75
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TRIANGLE PROPERTY HOLDINGS, LLC 305 NORTH FT.HARRISON AVE CLEARWATER, FL 33755
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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.		
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<b>4/4/08</b> <small>Date</small>	<b>727-224-1832</b> <small>Daytime Phone #</small>