

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000084052

FILED
Mar 17, 2009
Secretary of State

Entity Name: TRIAD LAND, LLC

Current Principal Place of Business:

315 AVE A
FORT PIERCE, FL 34950

New Principal Place of Business:

1106 S US 1
FORT PIERCE, FL 34950

Current Mailing Address:

PO BOX 3688
FORT PIERCE, FL 34948

New Mailing Address:

FEI Number: 26-0344764

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOX ROTHSCHILD LLP
250 AUSTRALIAN AVE. SOUTH, SUITE 1100
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HOWELL, DANIEL A
Address: PO BOX 3688
City-St-Zip: FORT PIERCE, FL 34948

Title: MGRM () Delete
Name: CRIPPEN, SCOTT S
Address: PO BOX 3688
City-St-Zip: FORT PIERCE, FL 34948

Title: MGRM () Delete
Name: KIMBERLINE, WILLIAM
Address: PO BOX 3688
City-St-Zip: FORT PIERCE, FL 34948

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SCOTT CRIPPEN

MGRM

03/17/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date