

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000084052

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** TRIAD LAND, LLC

**Current Principal Place of Business:**

1106 S US 1  
FORT PIERCE, FL 34950

**New Principal Place of Business:**

**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:**

GLYNDA, CAVALCANTI W CPA  
315 AVENUE A  
FORT PIERCE, FL 34950 US

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: GLYNDA W CAVALCANTI CPA

01/05/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

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

I hereby 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

01/05/2010

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