

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000093465

FILED  
Jan 16, 2008  
Secretary of State

Entity Name: TRIPLE C PROPERTIES , LLC.

## Current Principal Place of Business:

1340 BRICKTON RD  
MOLINO, FL 32577 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 850  
GONZALEZ, FL 32560 US

## New Mailing Address:

FEI Number: 56-2451962

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAMPBELL, MICHAEL C  
4921 DIXONVILLE RD  
JAY, FL 32565 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: CAMPBELL, MICHAEL C  
Address: 4521 DIXONVILLE RD.  
City-St-Zip: JAY, FL 32565 US

Title: MGRM ( ) Delete  
Name: CAMPBELL, BILLY R  
Address: 1340 BRICKTON RD.  
City-St-Zip: MOLINO, FL 32577 US

Title: MGRM ( ) Delete  
Name: CAMPBELL, CLEVELAND R SR  
Address: 10391 OLD DAIRY LANE  
City-St-Zip: PENSACOLA, FL 32534 US

## 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: MICHAEL C. CAMPBELL

MGRM

01/16/2008

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