

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000094242

FILED
Apr 04, 2007
Secretary of State

Entity Name: TRIPLE F OF LOST RIVER ROAD, LLC

Current Principal Place of Business:

2875 SOUTH OCEAN BOULEVARD STE 214
PALM BEACH, FL 33480

New Principal Place of Business:

75 NE 6TH AVE
SUITE 101
DELRAY BEACH, FL 33483

Current Mailing Address:

2875 SOUTH OCEAN BOULEVARD STE 214
PALM BEACH, FL 33480

New Mailing Address:

75 NE 6TH AVE
SUITE 101
DELRAY BEACH, FL 33483

FEI Number: 20-3529725

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ARMOUR, ALAN I II
1645 PALM BEACH LAKES BOULEVARD STE 1200
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: MR. () Delete
Name: FORMAN, BRETT D
Address: 2875 S OCEAN BLVD. SUITE 214
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES:

Title: MR. (X) Change () Addition
Name: FORMAN, BRETT D
Address: 75 NE 6TH AVE, SUITE 101
City-St-Zip: DELRAY BEACH, FL 33483

I hereby certify that the information supplied with this filing does not qualify for the 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: BRETT FORMAN

MR.

04/04/2007

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