

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000003484

FILED  
Mar 13, 2007  
Secretary of State

Entity Name: TRIAP, LLC

**Current Principal Place of Business:**

13109 PHILADELPHIA WOODS LANE  
ORLANDO, FL 32824 US

**New Principal Place of Business:**

**Current Mailing Address:**

13109 PHILADELPHIA WOODS LANE  
ORLANDO, FL 32824 US

**New Mailing Address:**

FEI Number: 74-3156179

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEAVITT, APRIL S  
331 MERIDIAN STREET  
DAVENPORT, FL 33837 US

**Name and Address of New Registered Agent:**

LEAVITT, APRIL S  
722 FLORIDA PALMS COURT  
KISSIMMEE, FL 34741 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: APRIL LEAVITT

03/13/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GRINKEY, TRICIA  
Address: 13109 PHILADELPHIA WOODS LANE  
City-St-Zip: ORLANDO, FL 32824 US

Title: MGR ( ) Delete  
Name: LEAVITT, APRIL S  
Address: 331 MERIDIAN STREET  
City-St-Zip: DAVENPORT, FL 33837 US

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: LEAVITT, APRIL S  
Address: 722 FLORIDA PALMS COURT  
City-St-Zip: KISSIMMEE, FL 34741 US

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: APRIL LEAVITT

MGR

03/13/2007

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