


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000047175 1. Entity Name TRIPLE T CONSTRUCTION PRODUCTS, LLC	
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FILED
Jun 19, 2008 08:00 AM
Secretary of State

Principal Place of Business 2115 NW 35TH STREET OCALA, FL 34475	Mailing Address 2115 NW 35TH STREET OCALA, FL 34475
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06092008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4891755	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DEAN, MICHAEL E 230 N.E. 25TH AVENUE, SUITE 100 OCALA, FL 34470

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMPSON, GEORGE A III 10060 N.W. HIGHWAY 225A OCALA, FL 34482
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06/19/08-80001-011 538.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone # _____