FILED
May 21, 2007 8:00 am
Secretary of State
04-25-2007 90043 026 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

30008357

DOCUMENT # L06000058462

1. Entity Name
TRIPLE S MOUNTAIN PROPERTIES, LLC

Principal Place of Business
16330 ORTH 91ST PLACE
LOXAHATCHEE, FL 33470

Mailing Address
16330 ORTH 91ST PLACE
LOXAHATCHEE, FL 33470

04122007 Chg-LLC CR2E093 (12/06)

2. Principal Place of Business - No P.O. Box #: 16330 N. 91st Place
Suite, Apt. #, etc.
City & State: Loxahatchee FL
Zip: 33470 Country:

3. Mailing Address: 16330 N. 91st Place
Suite, Apt. #, etc.
City & State: LOXAHATCHEE FL
Zip: 33470 Country:

4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
SCHNELL, JOHN
1330 NORHT 91ST PLACE
LOXAHATCHEE, FL 33470

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

Filing Fee is $50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHNELL, JOHN 16330 ORTH 91ST PLACE LOXAHATCHEE, FL 33470	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] John Schnell MGRM 4/21/07 561-502-1531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

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