
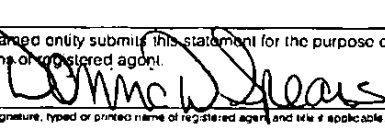



**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90196 008 \*\*\*\*50.00

DOCUMENT # L06000066871 1. Entity Name TRIPLE TAILS, LLC			
Principal Place of Business 2413 HWY. C-30 PORT ST. JOE FL 32456		Mailing Address <del>6335 HWY. C-30</del> PORT ST. JOE FL 32456	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2220 Hwy C30	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Port St. Joe, FL	
Zip	Country	Zip	Country
		32456	Gulf
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		4. FEI Number 65-1285372 Applied For Not Applicable	
6. Name and Address of Current Registered Agent SPEARS, DONNA D 6335 HWY C-30 PORT ST. JOE FL 32456		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, the registered agent.			
SIGNATURE 		DONNA D SPEARS MGR 01-30-07 <small>(NOTE: Registered Agent signature required when re-registering)</small>	
		DATE	
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SPEARS, DONNA D 6335 HWY C-30 PORT ST. JOE FL 32456 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 		DONNA D SPEARS 01-31-07 850-227-1777	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	

30000333



1st MOORE CR2E083 (10/06)