
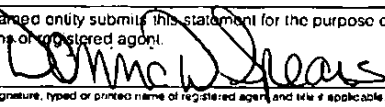



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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 6335 HWY. C-30 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	USA	32456	USA
4. FEI Number		Applied For	
65-1285372		Not Applicable	
5. Certificate of Status Desired		5.00 Additional Fee Required	
<input type="checkbox"/>		<input type="checkbox"/>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SPEARS, DONNA D 6335 HWY C-30 PORT ST. JOE FL 32456		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		DATE	
		01-30-07	
Signature, typed or printed name of registered agent, and title if applicable.		(NOTE: Registered Agent signature required when re-registering)	
<p>FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007</p>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPEARS, DONNA D	NAME	
STREET ADDRESS	6335 HWY C-30	STREET ADDRESS	
CITY- ST- ZIP	PORT ST. JOE FL 32456	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
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: 		DATE: 01-31-07 850-227-1777	
Signature and typed or printed name of signing managing member, manager, or authorized representative.		Date	