


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2008 08:00 A
Secretary of State

DOCUMENT # L06000066871 1. Entity Name TRIPLE TAILS, LLC	
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Principal Place of Business 2413 HWY. C-30 PORT ST. JOE, FL 32456	Mailing Address 2220 HWY C30 PORT ST. JOE, FL 32456
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DO NOT WRITE IN THIS SPACE



02102008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 65-1285372	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

SPEARS, DONNA D
6335 HWY C-30
PORT ST. JOE, FL 32456

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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 Donna Spears Donna Spears MGR 2-19-08
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SPEARS, DONNA D 6335 HWY C-30 PORT ST. JOE, FL 32456
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02/28/08-80003-016 138.75

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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 Donna Spears Donna Spears 2-19-08 850-527-7623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #