

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000107084

FILED
May 13, 2007
Secretary of State

Entity Name: TRIPLE P INVESTMENT GROUP LLC

Current Principal Place of Business:

4786 ALBACORE LANE #232
FORT MYERS, FL 33919

New Principal Place of Business:

4786 ALBACORE LANE #232
FORT MYERS, FL 33919 US

Current Mailing Address:

4786 ALBACORE LANE #232
FORT MYERS, FL 33919

New Mailing Address:

1314 CAPE CORAL PARKWAY
SUITE 207
CAPE CORAL, FL 339049643 US

FEI Number: 20-8026840 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD., SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

GRAHAM, RONALD L
1314 CAPE CORAL PARKWAY
SUITE 207
CAPE CORAL, FL 339049643 US

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.

SIGNATURE: RONALD L. GRAHAM

05/13/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PIRRONE, GIUSEPPE
Address: 4786 ALBACORE LANE #232
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PIRRONE, GIUSEPPE
Address: 4786 ALBACORE LANE #232
City-St-Zip: FORT MYERS, FL 33919 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GIUSEPPE PIRRONE

MGRM

05/13/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date