


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90236 034 \*\*\*138.75

|  |   |                           |  |   |  |
|--|---|---------------------------|--|---|--|
| <b>DOCUMENT # L07000025422</b>   |   |                           |  |  |  |
| <b>1. Entity Name</b><br>TRIPOLI INVESTMENTS LLC   |   |                           |  |   |  |
| <b>Principal Place of Business</b><br>26637 CASTLEVIEW WAY<br>WESLEY CHAPEL, FL 33543/4 US   |   |                           | <b>Mailing Address</b><br>26637 CASTLEVIEW WAY<br>WESLEY CHAPEL, FL 33543/4 US |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>  |   | <b>3. Mailing Address</b> |  |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.       |  |   |  |
| City & State   |   | City & State              |  |   |  |
| Zip  | Country   | Zip                       | Country  | <b>4. FEI Number</b>  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>   |   |                           |  | <b>\$5.00 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b>   |   |                           | <b>7. Name and Address of New Registered Agent</b>                             |   |  |
| HEIL, HEIDI<br>26637 CASTLEVIEW WAY<br>WESLEY CHAPEL, FL 33543/4   |   |                           | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City             |   |  |
| FL   |   |                           | Zip Code   |   |  |
| <b>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.</b> |   |                           |  |   |  |
| SIGNATURE <i>[Signature]</i>   |   |                           | DATE <i>3/18/08</i>  |   |  |
| (NOTE: Registered Agent signature required when reinstating)   |   |                           |  |   |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>  |   |                           | <b>Make check payable to</b><br><b>Florida Department of State</b>             |   |  |
| <b>9. MANAGING MEMBERS / MANAGERS</b>  |   |                           | <b>10. ADDITIONS / CHANGES</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>HAFEZ, OSAMA<br>26637 CASTLEVIEW WAY<br>WESLEY CHAPEL, FL 33543/4 <input type="checkbox"/> Delete |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>HEIL, HEIDI<br>26637 CASTLEVIEW WAY<br>WESLEY CHAPEL, FL 33543/4 <input type="checkbox"/> Delete  |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |                           | TITLE<br>NAME<br>STREET ADDRESS<br>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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*3/18/08 H-14* 813  
385-0517