

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000091558

FILED
Apr 15, 2009
Secretary of State

Entity Name: TRIPLE C & E INVESTMENTS, LLC

Current Principal Place of Business:

1721 INDIAN TOWN LANE
TALLAHASSEE, FL 32312 US

New Principal Place of Business:

11900 BISCAYNE BLVD.
SUITE 501
MIAMI, FL 33181 US

Current Mailing Address:

1721 INDIAN TOWN LANE
TALLAHASSEE, FL 32312 US

New Mailing Address:

11900 BISCAYNE BLVD.
SUITE 501
MIAMI, FL 33181 US

FEI Number: 26-1185697

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GERO, JACQUELINE
1001 BRICKELL BAY DRIVE
9TH FLOOR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

GERO, JACQUELINE
11900 BISCAYNE BLVD.
SUITE 501
MIAMI, FL 33181 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:

04/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: EVAUL, SCOTT D
Address: 1721 INDIAN TOWN LANE
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM () Delete
Name: CORKER, DERRICK
Address: 4905 SW 10TH STREET
City-St-Zip: MARGATE, FL 33068

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: EVAUL, SCOTT D
Address: 11900 BISCAYNE BLVD. SUITE 501
City-St-Zip: MIAMI, FL 33181

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SCOTT EVAUL

MGR

04/15/2009

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