

**2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000049318

**FILED  
Jan 17, 2010  
Secretary of State**

**Entity Name:** TRIPLE BEE, LLC

**Current Principal Place of Business:**

1820 EAGLE CREST DRIVE  
PORT ORANGE, FL 32128 US

**New Principal Place of Business:**

**Current Mailing Address:**

1820 EAGLE CREST DRIVE  
PORT ORANGE, FL 32128 US

**New Mailing Address:**

FEI Number: 26-2651270      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BLACKWELL, BISHOP B  
1820 EAGLE CREST DRIVE  
PORT ORANGE, FL 32128 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BLACKWELL, BISHOP B  
Address: 1820 EAGLE CREST DRIVE  
City-St-Zip: PORT ORANGE, FL 32128 US

I hereby 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: BISHOP B. BLACKWELL      MGRM      01/17/2010

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