2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001628

Entity Name: TRIPLE TEE, L.L.C

City-St-Zip:

STONEY CREEK, ON L8E 5L2 CN

FILED Jan 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 600 NORTH DRIVE MELBOURNE, FL 32934 **Current Mailing Address: New Mailing Address:** 600 NORTH DRIVE MELBOURNE, FL 32934 FEI Number: 51-0364417 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CRAMARO, MICHAEL C 206 LANSING ISLAND DR. INDIAN HARBOUR BEACH, FL 32937 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MEMB Title: () Change () Addition () Delete CRAMARO, MICHAEL C Name: Name: Address: 206 LANSING ISLAND DR. Address: City-St-Zip: INDIAN HARBOUR BEACH, FL 32937 US City-St-Zip: Title: MEMB () Delete Title: () Change () Addition Name: FEITLER, DAVID Name: Address: 132 MATHESON DRIVE Address: City-St-Zip: MARLBOROUGH, MA 01752 US City-St-Zip: Title: MEMB () Delete Title: () Change () Addition CRAMARO, MARTIN Name: Name: 37 PARK MANOR DRIVE Address: Address:

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.

City-St-Zip:

SIGNATURE: MICHAEL C. CRAMARO MEMB 01/22/2009