

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000005821

FILED
Jan 15, 2009
Secretary of State

Entity Name: TRIPLE E CANADA LTD. LLC

Current Principal Place of Business:

720 CENTENNIAL STREET
WINKLER, MANITOBA
CANADA R6W 4C4, XX

New Principal Place of Business:

720 CENTENNIAL STREET
WINKLER, MB R6W 4C4 CA

Current Mailing Address:

720 CENTENNIAL STREET
WINKLER, MANITOBA
CANADA R6W 4C4, XX

New Mailing Address:

720 CENTENNIAL STREET
WINKLER, MB R6W 4C4 CA

FEI Number: 98-0122525

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGR () Delete
Name: ELIAS, TERRY
Address: 720 CENTENNIAL ST
City-St-Zip: WINKLER, MB, CA R6W 464

Title: MGR () Delete
Name: SMAILL, JIM
Address: 720 CENTENNIAL ST
City-St-Zip: WINKLER, MB, CA R6W 464

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ELIAS, TERRY
Address: 720 CENTENNIAL ST
City-St-Zip: WINKLER, MB, CA R6W 4C4

Title: MGR (X) Change () Addition
Name: SMAILL, JIM
Address: 720 CENTENNIAL ST
City-St-Zip: WINKLER, MB, CA R6W 4C4

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: JIM SMAILL

MR.

01/15/2009

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