

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000013816

1. Entity Name
TRITON PROPERTIES GROUP FLORIDA, LLC



Principal Place of Business

C/O JOSEPH W. TAGGERT
16401 AVILA BLVD
TAMPA, FL 33613

Mailing Address

C/O JOSEPH W. TAGGERT
16401 AVILA BLVD
TAMPA, FL 33613



01062006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
68-0550165

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

SUTTON, KEVIN H
101 E. KENNEDY BLVD., STE. 3700
TAMPA, FL 33602

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
TAGGART, JOSEPH W
16401 AVILA BLVD
TAMPA, FL 33613

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HOLMES, ROBERT J
2144 SE POURRI POINT
ROCK HILL, SC 29732

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MADSEN, CHARLES M
801 LAKE CHUB DR.
ROCK HILL, SC 29732

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000384224
01/17/06-80002-018 50.00

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

813-349-8380