

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2007 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**



03182007 No 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, 2007**

000000724028
05/02/07-80095-004 50.00

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	

**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

**JOSEPH TAGGART
MANAGING MEMBER 4/19/07**

Date

Daytime Phone #

813-349-8380