2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 22, 2005
Secretary of State

DOCUMENT# L03000022954

Entity Name: TRITON PROPERTIES, L.L.C.

Current Principal Place of Business:

4014 LOYS DRIVE
JACKSONVILLE, FL 32246

New Principal Place of Business:

3833 SARAH BROOK CT.
JACKSONVILLE, FL 32277

Current Mailing Address:

4014 LOYS DRIVE
JACKSONVILLE, FL 32246

New Mailing Address:

3833 SARAH BROOK CT.
JACKSONVILLE, FL 32277

FEI Number: 59-3609491 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIGIORGIO, JOE L
4014 LOYS DRIVE
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

DIGIORGIO, JOE L
11501 DECLARATION DR.
TAMPA, FL, FL 33635 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: JOE L, DI GIORGIO 09/22/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ALBERT, JOSEPH
Address: 3833 SARAH BROOK CT
City-St-Zip: JACKSONVILLE, FL 32272

Title: MGRM ( ) Delete
Name: DIGIORGIO, JOE
Address: 4014 LOYS DR
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: DIGIORGIO, JOE
Address: 11501 DECLARATION DR.
City-St-Zip: TAMPA, FL 33635

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOE L, DI GIORGIO MGRM 09/22/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date