


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L03000040658</b>	
1. Entity Name <b>TRITON TAMPA 352, LLC</b>	

Principal Place of Business <b>5779 NW 151ST ST. MIAMI LAKES, FL 33014</b>	Mailing Address <b>5779 NW 151ST ST. MIAMI LAKES, FL 33014</b>
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2. Principal Place of Business <b>14160 Palmetto Frontage Rd.</b>	3. Mailing Address <b>14160 Palmetto Frontage Rd.</b>
Suite, Apt. #, etc. <b>21</b>	Suite, Apt. #, etc. <b>21</b>
City & State <b>Miami Lakes, FL</b>	City & State <b>Miami Lakes, FL</b>
Zip <b>33016</b>	Zip <b>33016</b>
Country	Country

**FILED**  
04 MAY 25 11:07  
CLERK OF STATE  
TALLAHASSEE, FLORIDA  
**MJH**



03262004 Chg-LLC CR2E083 (10/03) **5/25**

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BOSCHETTI, JOSE R 2901 S.W. 8TH ST., STE. 204 MIAMI, FL 33135</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		Zip Code <b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR FALCONE, ARTHUR 7802 MARBLEHEAD LANE PARKLAND, FL 33067</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR CAPARROS, MARTIN JR. 5779 NW 151ST ST. MIAMI LAKES, FL 33014</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Caparros, Martin Jr. 14160 Palmetto Frontage Rd. #21 Miami Lakes, FL 33016</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BOSCHETTI, JOSE R 2901 SW 8TH ST, STE 204 MIAMI, FL 33135</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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11. I hereby certify that the information supplied with this filing does not qualify 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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Martin Caparros* 4/30