2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000046839 1. Entity Name TRITON @ LAKE PARK 220, LLC					FILED 64+8125 AH II: 07				
Principal Place of Business Mailing Address 5779 NW 151ST ST 5779 NW 151ST ST				T. TO		SE T		STATE FLUMBA	MJH
2. Principal Pl	ace of Business	MIAMI LAKES, FL 33014 3. Mailing Address 14160 Dobrnetto Frontage Rd.							
Suite, Apt.	* etc.	Suite, Apt. #, etc.			03262004 Chg-LLC CR2E083 (10/03) 5/25				
	gm, lakes, Fl	City & State Miami Lake Zip		4. FEI Number Applied/For Not Applicable 5. Certificate of Status Desired 55.00 Additional					
^{zip} 350	8. Name and Address of Current	33010				of Status Desired Address of New Re		Fee Required	
BOSCHET	TI. JOSE R	•	Name						
	STH ST, STE 204		Street A	Street Address (P.O. Box Number is Not Acceptable)					
			City				FL	Zip Code	
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									
Filing Fee is \$50.00 Due by May 1, 2004					Make check payable to Florida Department of State				
9,	MANAGING MEMBE		10.	T		ADDITIONS/0	CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FALCONE, ARTHUR 7602 MARBLEHEAD LANE PARKLAND, FL 33067	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAPARRÓS, MARTIN JR 5779 NW 151ST ST MIAMI LAKES, FL 33014	☐ Detate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14160 Pa	, Martin Jr.	ntage Rd. #21		⊠ _Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOSCHETTI, JOSE R 2901 SW TH ST, STE 204 MIAMI, FL 33135	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		: 05/	9000371 24/040102	033 400	□ Change 7:9:9 **14	□ Addition 06.25
TITLE NAME STREET AODRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
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:									
CIGITA	SIGNATURE AND TYPED OR PRINTED NAME	DF BIGNING MANAGING MEMBER, MANA	LGER. OR AUTHORIZI	ED REPRESENT	ATIVE	Date	Ī	Daytime Phone #	