AMENDED

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN -7 AM 11:03

06/11/04

DOCUMENT # L03000048805

1. Entity Name
TRITON EDUCATIONAL ASSOCIATES, LLC

Principal Place of Business	Mailing Address
4225 PT. LA VISTA ROAD W. JACKSONVILLE, FL 32207	4225 PT. LA VISTA ROAD W. JACKSONVILLE, FL 32207

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04272004 Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3444909 ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

CHUNN, DOUGLAS D
1 INDEPENDENT DRIVE, SUITE 3201
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

Name

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 _____ DATE
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

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	Manko Service Corporation 4225 Pt. LaVista Rd. W. Jacksonville, Fl. 32207	☐ Delete	Manko Service Corporation 4225 Pt. LaVista Rd. W. Jacksonville, Fl. 32207	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	Manager	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	04/29/04-90076-010-$50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: Bryan L. Putnal - Authorized Representative 4-27-04 904-359-7754
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #