

AMENDED

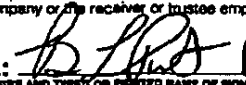
**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN -7 AM 11:03

2006/11/04

DOCUMENT # L03000048805			
1. Entity Name TRITON EDUCATIONAL ASSOCIATES, LLC			
Principal Place of Business 4225 PT. LA VISTA ROAD W. JACKSONVILLE, FL 32207		Mailing Address 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
4. FEI Number 59-2444909		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHUNN, DOUGLAS D 1 INDEPENDENT DRIVE, SUITE 3201 JACKSONVILLE, FL 32207		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 renaming)			
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	Mankos Service Corporation ☐ Delete 4225 Pt. La Vista Rd. W. Jacksonville, Fl. 32207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mankos Service Corporation ☒ Change ☐ Addition 4225 Pt. La Vista Rd. W. Jacksonville, Fl. 32207 Manager
TITLE NAME STREET ADDRESS 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
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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 118.07(3)(c), 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		Date: 4-27-04 904 359-7754	