

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90048 038 ****50.00

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02282005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000034753	
1. Entity Name TRITAN ENTERPRISES LLC	

Principal Place of Business 7652 CONGRESS ST NEW PORT RICHEY, FL 34653	Mailing Address 7652 CONGRESS ST NEW PORT RICHEY, FL 34653
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2. Principal Place of Business 7652 Congress St	3. Mailing Address PO BOX 418
Suite, Apt. #, etc.	Suite, Apt. #, etc. ARIDKA FL
City & State NPR FL	City & State
Zip 34653	Country USA
Zip 34679	Country USA

6. Name and Address of Current Registered Agent HODGES, PAUL'S 50 S BELCHER RD 115 CLEARWATER, FL 34653	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PICKENS, JOHN T 7652 CONGRESS ST NEW PORT RICHEY, FL 34653 <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:  **John T Pickens** **4/19/05** **352 6668163**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #