

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000027434

FILED
Jul 23, 2008
Secretary of State

Entity Name: TRITON INVESTMENT PARTNERS, LLC

Current Principal Place of Business:

100 SOUTH ASHLEY DR.
SUITE 1650
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

100 SOUTH ASHLEY DR.
SUITE 1650
TAMPA, FL 33602

New Mailing Address:

FEI Number: 20-2522837 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BUSH ROSS REGISTERED AGENT SERVICES, LLC
1801 NORTH HIGHLAND AVENUE
TAMPA, FL 33602 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NEWKIRK, THOMAS R
Address: 100 SOUTH ASHLEY DR., SUITE 1650
City-St-Zip: TAMPA, FL 33602

Title: MGRM () Delete
Name: GIORDANO, JOHN N
Address: 220 S. FRANKLIN STREET
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: GIORDANO, JOHN N
Address: 1801 N. HIGHLAND AVENUE
City-St-Zip: TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 N. GIORDANO

MGRM

07/23/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date