

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
 99 MAY -6 AM 11:54  
 TALLAHASSEE FLORIDA  
 LR 5/6

<b>FILING FEE</b>	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b>
<b>\$ 188.75</b>	<b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>

1. Name and Mailing Address of Limited Liability Company  TRITON, L.L.C. 3950 LEWIS SPEEDWAY ST. AUGUSTINE FL 32095	<b>DOCUMENT #</b> L98000002645
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1a. Principal Place of Business Address  3950 LEWIS SPEEDWAY ST. AUGUSTINE FL 32095
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	3. Date Organized or Qualified 11/10/1998	3a. State of Formation FL
		4. FEI Number 59-3546081	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report n/a	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  MCCLURE, GEORGE M 81 KING STREET, SUITE A ST. AUGUSTINE FL 32084
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8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	100002873631-- -05/13/99--01050--001 ****943.75 ****188.75 FL Zip Code
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required with reinstating) DATE \_\_\_\_\_

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	HEFFERON, MICHAEL	4700 US 1 NORTH	ST. AUGUSTINE FL
MGR	SMITH, C. KELLY	4700 US 1 NORTH	ST. AUGUSTINE FL
MGR	MUCHHALA, DHRUV	4700 US 1 NORTH	ST. AUGUSTINE FL

11. I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:** C.Kelly Smith *C. Kelly Smith* 4/26/99 (904) 829-9400