

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001794

Entity Name: TRITON FINANCIAL GROUP LLC

FILED
Apr 24, 2006
Secretary of State

Current Principal Place of Business:

4945C POINT PKWY
WARRENSVILLE HTS, OH 44128

New Principal Place of Business:

Current Mailing Address:

4945C POINT PKWY
WARRENSVILLE HTS, OH 44128

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, MITCHELL
7365 N.W. 60TH LANE
PARKLAND, FL 33067 US

Name and Address of New Registered Agent:

NASHE JR., TURNER
5201 BLUE LAGOON DR
800
MIAMI, FL 33126 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: TURNER NASHE JR.

04/24/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NASHE, TURNER JR
Address: 4949 GALAXY PKWY STE. G
City-St-Zip: WARRENSVILLE HTS, OH 44128

Title: MGR () Delete
Name: PERRY, JAMES G JR
Address: 4949 GALAXY PKWY STE. G
City-St-Zip: WARRENSVILLE HTS, OH 44128

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NASHE, TURNER JR
Address: 4945C POINT PKWY
City-St-Zip: WARRENSVILLE HTS, OH 44128

Title: MGR (X) Change () Addition
Name: MOREAN, ANDREW
Address: 4945C POINT PKWY
City-St-Zip: WARRENSVILLE HTS, OH 44128

I hereby certify that the information supplied with this filing does not qualify for the 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: TURNER NASHE JR.

PRES

04/24/2006

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