


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L03000013579

1. Entity Name
 III T GRIFFIN, LLC



Principal Place of Business
 1 FINANCIAL PLAZA, STE. 2001
 FT LAUDERDALE, FL 33394

Mailing Address
 1 FINANCIAL PLAZA, STE. 2001
 FT LAUDERDALE, FL 33394

2. Principal Place of Business
 Suite, Apt #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 *
 *

City & State
 *

Zip
 *

Country

Zip
 *

Country

6. Name and Address of Current Registered Agent

MURRAY, DAVID G
 1401 EAST BROWARD BLVD., STE. 200
 FT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

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 title if applicable (NOTE: Registered Agent signature required when reinstating)

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	MGRM TURCHIN, LESLIE S 1 FINANCIAL PLAZA %DBR ASSET MGMT, INC FT LAUDERDALE, FL 33394 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000019611 01/29/04-80032-011 50.00
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: *Leslie S. Turchin*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____



01092004 Chg-LLC CR2E083 (10/03)