APPROVED
AND
FILED

02 APR -8 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000937

1. Entity Name

Griffis Family Interests, LTD

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o James A Griffis, Jr.	c/o James A.Griffis, Jr.
Suite, Apt. #, etc.: 555 SE 6th Ave., #11D	Suite, Apt. #, etc.: 555 SE 6th Ave., #11D
City & State: Delray Beach, FL	City & State: Delray Beach, FL
Zip: 33483 Country: USA	Zip: 33483 Country: USA

DUE BY MAY 1

4. FEI Number: 65-1017774 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: James A. Griffis, Jr.

Street Address (P.O. Box Number is Not Acceptable): 555 SE 6th Ave., #11D

City: Delray Beach **FL** Zip Code: 33483

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$5,300,322.00		

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION			
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	P00000055579 Griffis GP, Inc. 555 SE 6th Ave., #11D Delray Beach, FL 33483	STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	100005258071--8 -04/12/02--01082--011 ****526.25 ****526.25
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CR2E003B (12/01)

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: James A Griffis 4-02-02 561-276-0068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #