

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # A10667 1. Entity Name GRIFFIN ROAD ASSOCIATES, LTD.	
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Principal Place of Business % EDMOND J. GONG, ESQ. 6161 BLUE LAGOON DR., SUITE 270 MIAMI, FL 33126	Mailing Address % EDMOND J. GONG, ESQ. 6161 BLUE LAGOON DR., SUITE 270 MIAMI, FL 33126
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04082004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2101462	Applied For Not Applicable
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6. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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GONG, EDMOND J., ESQ. 6161 BLUE LAGOON DR., SUITE 270 MIAMI, FL 33126	<table border="1"> <tr><td>Name</td></tr> <tr><td>Street Address (P.O. Box Number is Not Applicable)</td></tr> <tr><td>City</td></tr> <tr><td>FL</td></tr> <tr><td>Zip Code</td></tr> </table>	Name	Street Address (P.O. Box Number is Not Applicable)	City	FL	Zip Code
Name						
Street Address (P.O. Box Number is Not Applicable)						
City						
FL						
Zip Code						

9. 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 _____ Type or print name of registered agent or agent-in-apparent	DATE ____
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8. Capital Contributions as Shown on record \$1,141,287.00	10. Amount of Capital Contributions in FLORIDA to date
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	020635	STREET ADDRESS	
NAME	INFLAHEDGE RESOURCES FUND	CITY, ST, ZIP	
STREET ADDRESS	%6161 BLUE LAGOON DR 270 C/O E.J. GONG		
CITY, ST, ZIP	MIAMI, FL 33126		
DOCUMENT #		STREET ADDRESS	
NAME		CITY, ST, ZIP	
STREET ADDRESS			
CITY, ST, ZIP			
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NAME		CITY, ST, ZIP	
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NAME		CITY, ST, ZIP	
STREET ADDRESS			
CITY, ST, ZIP			

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04/27/04-80003-004 526.25

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)(b), 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: <u>Edmond J. Gong</u> EDMOND J. GONG 4/13/04 (303) 261-6222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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Update Form 2