

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A10667**

1. Entity Name
GRIFFIN ROAD ASSOCIATES, LTD.



FILED
03 APR 29 AM 8:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

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



2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2101462	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State			
Zip	Country	Zip	Country		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GONG, EDMOND J., ESQ.		Name	
6161 BLUE LAGOON DR., SUITE 270		Street Address (P.O. Box Number is Not Acceptable)	
MIAMI FL 33126		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.

9. Capital Contributions as Shown on record. **\$1,141,287.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$1,141,287.00**

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	823635	STREET ADDRESS	
NAME	INFLAHEDGE RESOURCESFUND	CITY-ST-ZIP	
STREET ADDRESS	%6161 BLUE LAGOON DR 270 C/O E.J. GONG		
CITY-ST-ZIP	MIAMI FL 33126		
DOCUMENT #		STREET ADDRESS	100017332851
NAME		CITY-ST-ZIP	04/29/03--01095--005 **526.25
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STREET ADDRESS			
CITY-ST-ZIP			

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: *Edmond J. Gong* **REQUIRED** 4/16/03 (805) 261-6222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)