2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # A29388

1. Entity Name
GRIFFIN INVESTMENT PROPERTIES, LTD.

Principal Place of Business	Mailing Address
2507 N. MARYLAND AVENUE PLANT CITY, FL 33566	2507 N. MARYLAND AVENUE PLANT CITY, FL 33566

DO NOT WRITE IN THIS SPACE

03152006 No Chg-LP CRZE003 (11/05)

4. FEI Number
59-2982342

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GRIFFIN, H. MACK
2507 N. MARYLAND AVENUE
PLANT CITY, FL 33566

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS $500.00
After May 1, 2006, Fee will be $900.00

000000179434
04/10/06 00002 010 500.00

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	GRIFFIN, H. MACK
STREET ADDRESS	2507 N. MARYLAND AVENUE
CITY-ST-ZIP	PLANT CITY, FL
DOCUMENT #	
NAME	CLARK, LINDA L
STREET ADDRESS	117 ILLINOIS AVENUE
CITY-ST-ZIP	WAUCHULA, FL 33873
DOCUMENT #	
NAME	GRIFFIN, JAMES L
STREET ADDRESS	3301 BAYSHORE BLVD #2204
CITY-ST-ZIP	TAMPA, FL 33629
DOCUMENT #	
NAME	GRIFFIN, PAUL M
STREET ADDRESS	3819 WATERSIDE DRIVE
CITY-ST-ZIP	ORANGE PARK, FL 32065
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 3-21-06
SIGNATURE AND TYPED OR PRINTED NAME OF FILING GENERAL PARTNER — Date — Daytime Phone #