

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # A29388

1. Entity Name
GRIFFIN INVESTMENT PROPERTIES, LTD.



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

Mailing Address
**2507 N. MARYLAND AVENUE
PLANT CITY, FL 33566**



02172007 No Chg-LP

CR2E003 (12/06)

4. FEI Number
59-2982342

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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 _____

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

DATE _____

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00**

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**CLARK, LINDA L
117 ILLINOIS AVENUE
WAUCHULA, FL 33873**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**GRIFFIN, JAMES L
3301 BAYSHORE BLVD #2204
TAMPA, FL 33629**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**GRIFFIN, PAUL M
3819 WATERSIDE DRIVE
ORANGE PARK, FL 32065**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000649518
03/07/07-80052-014 500.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2-22-2007

STAPLE CHECK HERE