FILED
03 JUN 23 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000002072

1. Entity Name
RICHARD A. GRIFFIN, SR., FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
2650 SW 196TH AVE. WESTON, FL 33332	2650 SW 196TH AVE. WESTON, FL 33332

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0964967 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
JONATHAN H. GREEN & ASSOCIATES, P.A.
799 BRICKELL PLAZA, SUITE 700
MIAMI, FL 33131

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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. $3,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. —0—

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 # / NAME / STREET ADDRESS / CITY-ST-ZIP	GRIFFIN, RICHARD A SR. 13400 S.W. 16TH COURT DAVIE, FL 33324	STREET ADDRESS / CITY-ST-ZIP	
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STAPLE CHECK HERE

CR2E003 (10/02)

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.

RICHARD A. GRIFFIN, SR. GENERAL PARTNER 954 389-0003

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #