2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 06, 2006
Secretary of State

DOCUMENT# L02000022987

Entity Name: GRIFFIN DEVELOPMENT, LLC

Current Principal Place of Business:

1455 EAST VENICE AVENUE, STE. 211
VENICE, FL 34292

New Principal Place of Business:

600 N. CATTLEMAN ROAD
SARASOTA, FL 34232

Current Mailing Address:

1455 EAST VENICE AVENUE, STE. 211
VENICE, FL 34292

New Mailing Address:

P.O. BOX 447
VENICE, FL 34292

FEI Number: 22-3870626 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MILEY, STEPHEN M MD
1455 EAST VENICE AVENUE, STE. 211
VENICE, FL 34292 US

Name and Address of New Registered Agent:

MILEY, STEPHEN M MD
842 SUNSET LAKE BLVD STE #301
VENICE, FL 34292 US

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.

SIGNATURE: STEPHEN MILEY 10/06/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MILEY, STEPHEN M MD
Address: 1455 EAST VENICE AVENUE, SUITE 211
City-St-Zip: VENICE, FL 34292

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MILEY, STEPHEN M MD
Address: 842 SUNSET LAKE BLVD #301
City-St-Zip: VENICE, FL 34292

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: STEPHEN MILEY MMGR 10/06/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date