

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022987

FILED
Apr 19, 2009
Secretary of State

Entity Name: GRIFFIN DEVELOPMENT, LLC

Current Principal Place of Business:

600 N. CATTLEMAN ROAD
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 447
VENICE, FL 34292

New Mailing Address:

836 SUNSET LAKE BLVD.
SUITE 101
VENICE, FL 34292

FEI Number: 22-3870626

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ORMAN, STEPHEN V MD
836 SUNSET LAKE BLVD.
SUITE 101
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 V. ORMAN MD

04/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ORMAN, STEPHEN V MD
Address: 836 SUNSET LAKE BLVD #101
City-St-Zip: VENICE, FL 34292

Title: MGRM () Change (X) Addition
Name: BOONE, DAVID W ESQ.
Address: 3166 MATTHIESON DRIVE
City-St-Zip: ATLANTA, GA 30305

I hereby certify that the information supplied with this filing does not qualify 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 V.ORMAN

MGRM

04/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date