


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000032539 1. Entity Name GRIFFIN LICENSING GROUP, LLC														
Principal Place of Business 12155 METRO PARKWAY SUITE 5 FT. MYERS, FL 33912	Mailing Address 12155 METRO PARKWAY SUITE 5 FT. MYERS, FL 33912													
DO NOT WRITE IN THIS SPACE														
6. Name and Address of Current Registered Agent DOUGLAS, GRIFFIN R 12155 METRO PARKWAY SUITE 5 FT MYERS, FL 33912		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: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>														
Filing Fee is \$50.00 Due by May 1, 2006														
9. MANAGING MEMBERS/MANAGERS <table border="1"><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>MGRM GRIFFIN, DOUGLAS 12155 METRO PKWY, STE 5 FORT MYERS, FL 33912</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr></table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GRIFFIN, DOUGLAS 12155 METRO PKWY, STE 5 FORT MYERS, FL 33912	TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		DO NOT WRITE IN THIS SPACE
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11. 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 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: <u>Douglas Griffin</u> DOUGLAS GRIFFIN MGR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE														



03212006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
81-0613967

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

U00000546327
05/11/06-80111-015 50.00

**DO NOT WRITE
IN THIS SPACE**

4/24/06 2396336763
Date Daytime Phone #