2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034105

Entity Name: GRYPHON & ASSOCIATES LLC

FILED Feb 24, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6312 US HWY 301 N #225 3215 43RD AVE E

ELLENTON, FL 34222 BRADENTON, FL 34208

Current Mailing Address: New Mailing Address:

6312 US HWY 301 N #225 ELLENTON, FL 34222

FEI Number: 26-3595636 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PEWTER HOLDINGS INC.
PEWTER HOLDINGS INC.
PEWTER HOLDINGS INC.
4654 SR 64 E #105

BRADENTON, FL 34209 US BRADENTON, FL 34208 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: JAMES H PHILLIPS 02/24/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete Name: PHILLIPS, JAMES H

Address: 6911 47TH CT E
City-St-Zip: ELLENTON, FL 34222 US

Title: MGR () Delete

Name: POLSELLI, PATSY A
Address: 6831 44TH TER E
City-St-Zip: BRADENTON, FL 34203

 Title:
 MGR () Delete

 Name:
 BYRAM, JAMES C

 Address:
 5730 28TH ST E

 City-St-Zip:
 BRADENTON, FL 34203

 Title:
 MGR
 () Delete

 Name:
 PHILLIPS, JAMIE M

 Address:
 6911 47TH CT E

 City-St-Zip:
 ELLENTON, FL 34222

Title: MGR (X) Delete Name: BYRAM, LORETTA M

Address: 5730 28TH ST E City-St-Zip: BRADENTON, FL 34203

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition

Name: FOURNIER, NORMAN P

Address: 24 HIGGINS ST

City-St-Zip: MANCHESTER, NH 03102

Title: MGR (X) Change () Addition

Name: BYRAM, JAMES C Address: 5730 28TH ST E

City-St-Zip: BRADENTON, FL 34203

Title: MGR (X) Change () Addition

Name: FOURNIER, CAROL A Address: 24 HIGGINS ST

City-St-Zip: MANCHESTER, NH 03102

Title: MGR (X) Change () Addition

 Name:
 BYRAM, LORETTA M

 Address:
 5730 28TH ST E

 City-St-Zip:
 BRADENTON, FL 34203

Title: () Change () Addition

Name: Address: City-St-Zip:

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: NORMAN P FOURNIER MGR 02/24/2009