

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90042 014 \*\*\*\*50.00

**DOCUMENT # L03000015447**

1. Entity Name  
**GRIFFIN ISLES, L.L.C.**



Principal Place of Business  
**125 NORTH 46TH AVENUE  
HOLLYWOOD, FL 33021**

Mailing Address  
**125 NORTH 46TH AVENUE  
HOLLYWOOD, FL 33021**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03082006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**51-0466215**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GOTTLIEB, BRUCE M  
125 NORTH 46TH AVENUE  
HOLLYWOOD, FL 33021**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGR ☐ Delete  
NAME GOTTLIEB, BRUCE M  
STREET ADDRESS 125 NORTH 46TH AVENUE  
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE MGR ☐ Delete  
NAME GOTTLIEB, KENNETH  
STREET ADDRESS 125 NORTH 46TH AVENUE  
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE MGR ☐ Delete  
NAME GOTTLIEB, MARVIN  
STREET ADDRESS 125 NORTH 46TH AVENUE  
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Bruce M. Gottlieb*

**April 11, 2006 (954) 966-7900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

ATTACHMENT

20030887  
#030000015447

# Gottlieb & Gottlieb

ATTORNEYS AT LAW

A Professional Association

www.gottliebblaw.com

Bruce M. Gottlieb

125 NORTH 46TH AVENUE, HOLLYWOOD, FLORIDA 33021-6601

Broward 954-966-7900

Kenneth A. Gottlieb

Dade 305-624-4777

Toll Free 800-330-7900

Fax 954-966-7905

Division of Corporations  
P. O. Box 6478  
Tallahassee, FL 32314

April 11, 2006

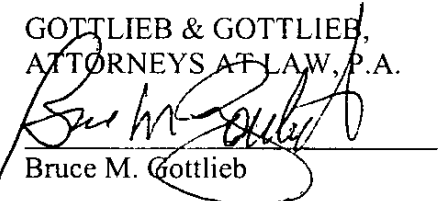
RE: Griffin Isles, L.L.C. - 2006 Annual Report  
OUR FILE NUMBER: 4872

Gentlemen:

Enclosed, for filing with the Florida Department of State, is the 2006 Annual Report for Griffin Isles, L.L.C., together with my check in the amount of \$50.00 as the filing fee.

Very truly yours,

GOTTLIEB & GOTTLIEB,  
ATTORNEYS AT LAW, P.A.



Bruce M. Gottlieb

BMG/aw  
Enclosures