2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Jun 30, 2004 8:00 am
Secretary of State
05-03-2004 90126 038 ****50.00

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01072004 Chg-LLC CR2E083 (10/03)

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1. Entity Name
7551 NORTH MICHIGAN STREET, LLC

Principal Place of Business	Mailing Address
GRIFFIN INVESTMENTS, LTD. 31493 WARNER ST. BIG PINE KEY, FL 33043	GRIFFIN INVESTMENTS, LTD. 31493 WARNER ST. BIG PINE KEY, FL 33043

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-0109061 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
FIELDERS, LYNN HANKINS ESQ
19980 OVERSEAS HWY
SUGARLOAF KEY, FL 33042

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, 2004

Make check payable to: Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRIFFIN INVESTMENTS, LTD. 31493 WARNER ST. BIG PINE KEY, FL 33043	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] PATRICK ANDREW GRIFFIN 25 APR 04 (305) 872-0633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #