

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 08, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000023835</b>	
1. Entity Name <b>GRIFFIN OPERATIONS, LLC</b>	
Principal Place of Business <b>31493 WARNER STREET BIG PINE KEY, FL 33043</b>	Mailing Address <b>31493 WARNER STREET BIG PINE KEY, FL 33043</b>



02262008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0064734</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

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

**GRIFFIN, PATRICK A  
31493 WARNER STREET  
BIG PINE KEY, FL 33043**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GRIFFIN, PATRICK ANDREW 31493 WARNER STREET BIG PINE KEY, FL 33043</b>
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U00000950117  
06/03/08-80057-002 538.75

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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:** **PATRICK A GRIFFIN** **09 MAR 08** **305 BTZ 0533**  
SIGNATURE AND TYPED OR PRINTED NAME OF LEADING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #