

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 19, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90031 022 \*\*\*\*50.00

|                                                                  |                                                                                   |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L03000047003</b>                                   |  |
| <b>1. Entity Name</b><br><b>GRIFFIN PAINTING AND PARTNERS LC</b> |                                                                                   |

|                                                                          |                                                              |
|--------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>Principal Place of Business</b><br>49 CLINT SHAW RD<br>PERRY FL 32347 | <b>Mailing Address</b><br>49 CLINT SHAW RD<br>PERRY FL 32347 |
|--------------------------------------------------------------------------|--------------------------------------------------------------|

**34006679**



|                                       |         |                           |         |
|---------------------------------------|---------|---------------------------|---------|
| <b>2. Principal Place of Business</b> |         | <b>3. Mailing Address</b> |         |
| Suite, Apt. #, etc.                   |         | Suite, Apt. #, etc.       |         |
| City & State                          |         | City & State              |         |
| Zip                                   | Country | Zip                       | Country |

|                                                                                          |                |
|------------------------------------------------------------------------------------------|----------------|
| MOORE CR2E083 (11/03)                                                                    |                |
| 54-2151199                                                                               | Applied For    |
| <del>538-2151199</del>                                                                   | Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |                |

|                                                        |  |
|--------------------------------------------------------|--|
| <b>6. Name and Address of Current Registered Agent</b> |  |
| GRIFFIN, SHERRY<br>49 CLINT SHAW RD<br>PERRY FL 32347  |  |

|                                                    |             |
|----------------------------------------------------|-------------|
| <b>7. Name and Address of New Registered Agent</b> |             |
| 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                                                                                                                                       |  |
|---------------------------------------------------------------------------------------------------------------------------------------|--|
| <p><b>FILE NOW!!! FEE IS \$50.00</b><br/> <b>Make Check Payable to Florida Department of State</b><br/> <b>Due By May 1, 2004</b></p> |  |
|---------------------------------------------------------------------------------------------------------------------------------------|--|

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                                |
|------------------------------------------------|------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>GRIFFIN, SHERRY<br>49 CLINT SHAW RD<br>PERRY FL 32347 <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>GRIFFIN, TERENCE<br>49 CLINT SHAW RD<br>PERRY FL 32347 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                |

| 10. ADDITIONS/CHANGES                          |                                                                   |
|------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:** Sherry Griffin **4-8-04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #