2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State

03-31-2005 90127 002 *****5.00
04-18-2005 90075 045 ****50.00

DOCUMENT # L03000050354

1. Entity Name

GRIFFIN & GRIFFIN, L.L.C.

Principal Place of Business	Mailing Address
950 SPINNAKER'S REACH DRIVE PONTE VEDRA BEACH FL 32082	950 SPINNAKER'S REACH DRIVE PONTE VEDRA BEACH FL 32082

NEW ADDRESS

2. Principal Place of Business	3. Mailing Address
212 NORTWIND COURT	212 NORTWIND COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PONTE VEDRA BEACH	City & State: PONTE VEDRA BEACH
Zip: 32082 / Country: ST. JOHNS	Zip: 32082 / Country: ST. JOHNS

1st MOORE CR2E083 (10/04)

4. FEI Number 20-0504514 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GRIFFIN, JOHN W
950 SPINNAKER'S REACH DRIVE
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Name: GRIFFIN, JOHN W.
Street Address (P.O. Box Number is Not Acceptable): 212 NORTH WIND COURT
City: PONTEVEDRA BEACH FL Zip Code: 32082

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GRIFFIN, JOHN W		NAME		
STREET ADDRESS	950 SPINNAKER'S REACH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PONE VEDRA BEACH FL 32082		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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] JOHN GRIFFIN 3-28-2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #