

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000052942

FILED
Oct 27, 2005
Secretary of State**Entity Name:** GRIFFIS CUSTOM HOMES, L.L.C.**Current Principal Place of Business:**11613 3RD AVENUE EAST
BRADENTON, FL 34212**New Principal Place of Business:**15506 31ST ST E
PARRISH, FL 34219**Current Mailing Address:**11613 3RD AVENUE EAST
BRADENTON, FL 34212**New Mailing Address:**15506 31ST ST E
PARRISH, FL 34219**FEI Number:** 56-2419348**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GRIFFIS, MARY E
11613 3RD AVENUE EAST
BRADENTON, FL 34212 US**Name and Address of New Registered Agent:**MICHAEL J RATERINK PA
8051 N TAMIAMI TRL
STE D4-33
SARASOTA, FL 34243 US

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.

SIGNATURE: MICHAEL J RATERINK ESQ

10/27/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGRM () Delete
Name: GRIFFIS, GORDON J
Address: 13512 5TH AVENUE NORTH EAST
City-St-Zip: BRADENTON, FL 34212**Title:** MGRM (X) Delete
Name: GRIFFIS, MARY E
Address: 11613 3RD AVENUE EAST
City-St-Zip: BRADENTON, FL 34212**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: GORDON J GRIFFIS

MGRM

10/27/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date