


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90560 029 ****50.00

DOCUMENT # L03000056824

1. Entity Name
GLENN GRIFFIN LLC



Principal Place of Business
4169 EAST WASHINGTON
MONTICELLO FL 32344

Mailing Address
4169 EAST WASHINGTON
MONTICELLO FL 32344

2. Principal Place of Business
4169 E. Washington
Suite, Apt. #, etc.
Hwy

3. Mailing Address
4169 E. Washington
Suite, Apt. #, etc.
Hwy

City & State
Monticello, FL

City & State
Monticello, FL

Zip
32344

Country
Jefferson

Zip
32344

Country
Jefferson



MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent
GRIFFIN, GLENN
4169 EAST WASHINGTON
MONTICELLO FL 32344

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

4. FEI Number Applied For
 Not Applicable

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

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRIFFIN, GLENN 4169 EAST WASHINGTON MONTICELLO FL 32344	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Glenn Griffin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____