

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT #** L03000056824

**1. Entity Name**  
GLENN GRIFFIN LLC



**Principal Place of Business**  
4169 E. WASHINGTON  
HWY  
MONTICELLO, FL 32344

**Mailing Address**  
4169 E. WASHINGTON  
HWY  
MONTICELLO, FL 32344



02132005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

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

GRIFFIN, GLENN  
4169 EAST WASHINGTON  
MONTICELLO, FL 32344

**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** \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM GRIFFIN, GLENN 4169 EAST WASHINGTON MONTICELLO, FL 32344
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

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03/02/05-80065-002 50.00

**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 **2-25-05** **850-997-9947**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #