


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 14, 2006 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
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2. Principal Place of Business 4169 E Washington	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Monticello FL	City & State
Zip 32344	Country Jefferson

6. Name and Address of Current Registered Agent GRIFFIN, GLENN 4169 EAST WASHINGTON MONTICELLO FL 32344	
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4. FEI Number NO-T APPLICABLE	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

7. Name and Address of New Registered Agent	
Name	
Street Address (P O. Box Number is Not Acceptable)	
City	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 Glenn Griffin	DATE

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRIFFIN, GLENN 4169 EAST WASHINGTON MONTICELLO FL 32344 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition UN0000509560 04/28/06-80048-015 50.00
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 exemptions contained in Section 119, 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	4-12-2006	850-997-994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #