

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am,
Secretary of State

05-02-2005 90126 012 ****55.00

20053433



DOCUMENT # L04000001606 1. Entity Name ERIC P GRIFFITH LLC.					
Principal Place of Business 1321 KEN LAKE AVE. SPRING HILL, FL 34606 US			Mailing Address 1321 KEN LAKE AVE. SPRING HILL, FL 34606 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 57191438			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GRIFFITH, ERIC P 1321 KEN LAKE AVE. SPRING HILL, FL 34606			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 DATE 4-29-05 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Eric Griffith 1321 Kenlake Ave Spring Hill FL 34606		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Eric Griffith 1321 Kenlake Ave Spring Hill FL 34606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ronald Dickens VP 3408 Blayton St Holiday FL 34690		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ronald Dickens VP 3408 Blayton St Holiday FL 34690	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wally Griffith 1321 Kenlake Ave Spring Hill FL 34606		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wally Griffith 1321 Kenlake Ave Spring Hill FL 34606	
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	
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	
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:			Date 4-29-05 Daytime Phone # 352-348-5126		