


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

03-28-2005 90292 029 ****50.00

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| DOCUMENT # L04000004879 | |  | |
| 1. Entity Name GRIFF'S CONSTRUCTION, LLC | | | |
| Principal Place of Business 4032- 38TH AVENUE SOUTH ST. PETERSBURG, FL 33711 | | Mailing Address 4032- 38TH AVENUE SOUTH ST. PETERSBURG, FL 33711 | |
| 2. Principal Place of Business 4032 38 AVS. | | 3. Mailing Address 4032 38 AVS | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State St Pete Fla. | | City & State St Pete Fla | |
| Zip 33711 | | Zip 33711 | |
| Country USA | | Country USA | |
| 4. FEI Number 77060132 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GRIFFIN, ALDRIC P 4032- 38TH AVENUE SOUTH ST. PETERSBURG, FL 33711 | | 7. Name and Address of New Registered Agent Name ALDRIC P. GRIFFIN Street Address (P.O. Box Number is Not Acceptable) 4032 38 AVS. City St Pete FL Zip Code 33711 | |
| 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 <i>Aldric P. Griffin</i> | | DATE 3-21-05 | |
| 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 | ALDRIC GRIFFIN President 4032 38 AVS. St Pete Fla- 33711 <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: <i>Aldric P. Griffin</i> | | DATE 3-21-05 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date Daytime Phone # | |