2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2005
Secretary of State

DOCUMENT# L04000014277

Entity Name: FRANKLIN F. & LESLIE K. GRIFFIN I, L.L.C.

Current Principal Place of Business:

2719 TERRACE DRIVE
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

2719 TERRACE DRIVE
TAMPA, FL 33609

New Mailing Address:

PO BOX 320305
TAMPA, FL 33679

FEI Number: 45-0535113 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRIFFIN, LESLIE K
2719 TERRACE DRIVE
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

GRIFFIN, LESLIE K
PO BOX 320305
TAMPA, FL 33679 US

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.

SIGNATURE: LESLIE K GRIFFIN 04/13/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: GRIFFIN, FRANKLIN F
Address: 2719 TERRACE DRIVE
City-St-Zip: TAMPA, FL 33609

Title: MGRM ( ) Delete
Name: GRIFFIN, LESLIE K
Address: 2719 TERRACE DRIVE
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GRIFFIN, FRANKLIN F
Address: PO BOX 320305
City-St-Zip: TAMPA, FL 33679

Title: MGRM (X) Change ( ) Addition
Name: GRIFFIN, LESLIE K
Address: PO BOX 320305
City-St-Zip: TAMPA, FL 33679

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: FRANKLIN F GRIFFIN MGRM 04/13/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date