2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L04000070069 1. Entity Name GRIFFITH-CLINE MANAGEMENT, LLC 07 JUL -5 PH 3: 16 RELATION OF STATE Principal Place of Business Mailing Address 720 MANATEE AVENUE WEST 720 MANATEE AVENUE WEST BRADENTON, FL 34205 BRADENTON, FL 34205 01152007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1746784 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GRIFFITH, KENNETH R DO NOT WRITE 3915 RIVERVIEW BLVD, WEST BRADENTON, FL 34209 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, 2007 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE natu koew. GRIFFITH, KENNETH R NAME 3015 RIVERVIEW BLVD. WEST 7.21 MA STREET ADDRESS BRADENTON, FL 34209 200105791242 07/10/07--01001--006 **200.00 CITY-ST-ZIP TITLE NAME O STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 fimited liability company or title receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYP ED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

x27,