## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L05000025400

1. Entity Name

GRIFFIN CYPRESS PLAZA, LLC



FILED Jul 25, 2007 08:00 AM Secretary of State

Principal Place of Business 2679 RIVER PORT DRIVE N C/O WILLIAM F. GRIFFIN, IR. JACKSONVILLE, FL 32223 Mailing Address
PO BOX 23010
JACKSONVILLE, FL 32241



DO NOT WRITE IN THIS SPACE

07112007 No Chg-LLC CR2E083 (11/05)

4. FEI Number	Applied For
NOT APPLICABLE	 Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER

GRIFFIN, WILLIAM F JR 2679 RIVER PORT DRIVE N JACKSONVILLE, FL 32223 .

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

	signature, typed or printed name of registered agent and title if spiricable	(NOTE: Registered Agent signature required when reinstating)	7-12-47
Fil Due i	ing Fee is \$50.00 by September 14, 2007		U00000770514 U7/25/07-80006-022 50.00
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAM F. AND MITZIE T. GRIFFIN, TRUSTEES 2679 RIVER PORT DRIVE N JACKSONVILLE, FL 32223		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			•
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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.			

OR AUTHORIZED REPRESENTATIVE

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 Fiorida. I am familiar with, and accept