

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025400

FILED  
Jun 23, 2009  
Secretary of State

Entity Name: GRIFFIN CYPRESS PLAZA, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 23010  
JACKSONVILLE, FL 32241

**New Mailing Address:**

FEI Number: 59-2908871      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

GRIFFIN, WILLIAM F JR  
2679 RIVER PORT DRIVE N  
JACKSONVILLE, FL 32223      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: WILLIAM F. AND MITZIE T. GRIFFIN, TRUSTEES  
Address: 2679 RIVER PORT DRIVE N  
City-St-Zip: JACKSONVILLE, FL 32223

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHELLE GARLAND

MGR

06/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date