## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## FILED Apr 15, 2008 8:00 am Secretary of State

|  |   |                                |  |  | _   | 04-15-2008  | ാവിവട          | ∩∩2 ***1·      | 29 75        |
|--|---|--------------------------------|--|--|---|---|----------------|----------------|--------------|
| DOCUMENT # L05000032729  1. Entity Name RL GRIFFIN LLC             |   |                                |  |  |   | 04-13-2008  | 90103          | 003 1.         |              |
| Principal Plac   | ce of Business  | Mailing Address                |  |  | 1   |   |                |                |              |
| 10395 SW G   | RAPE AVE  | PO BOX 148                     |  |  | -   |   | E n            | 0001           | Dia:         |
| FT ODGEN, FL 34267 US  |   | FT ODGEN, FL 34267 US          |  |  |   |   | 90             | 0031           | <b>4</b>     |
|  |   |                                |  |  |   | ( <b>11:</b> 1   11:1   11:1   11:1   11:1   11:1   11:1   11:1   11:1   11:1   11:1   11:1   11:1   11:1   11:1   11:1 |                |                |              |
| 2. Principal Place of Business - No P.O. Box #                     |   | 3. Mailing Address             |  |  |   |   |                |                |              |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.            |  | 04102008   | Chg-LLC   | CR2E  | 083 (12/06)    |                |              |
| City & State   |   | City & State                   |  | 4. FEI Numb<br>20-271                              | FEI Number         Applied For           20-2710595         Not Applica |   |                |                |              |
| Zip  | Country   | Zip                            | Coun   | itry   | 5. Certificate  | of Status Desired   |                | \$5.00 Add     | ditional     |
|  | 6. Name and Address of Current  | Registered Agent               |  |  | 7. Name and   | Address of New R  | egistered      |                |              |
|  | ,   |                                |  | Name   |   |   |                |                |              |
| GRIFFIN, RL<br>103 W MARION AVENUE                                 |   |                                |  | Street Address (P.O. Box Number is Not Acceptable) |   |   |                |                |              |
|  | ORDA, FL 33950  |                                | Street Address (   |  |   | er is Not Acceptable  |                |                |              |
| . 0.117. 0   | O. (B/(, 1 E 00000  |                                |  |  |   |   |                |                |              |
|  |   |                                |  | City   |   | <del></del>   |                | Zip Cod        |              |
|  | ·   |                                |  | 1  |   |   | FL             | -              |              |
| <ol><li>The above<br/>the obligation</li></ol>                     | a named entity submits this statement for<br>tions of registered agent. | or the purpose of changing its | registere  | ed office or register                              | ed agent, or bo   | th, in the State of Flo   | rida. I am     | familiar with, | and accept   |
|  | 3 3   |                                |  |  |   |   |                |                |              |
| SIGNATURE  | Signature, typed or printed name of registered agent                    | and title if applicable. (NOTE | : Registere  | d Agent signature required                         | when reinstating)   |   | DATE           |                | <del>-</del> |
|  | , :   |                                |  |  |   |   |                |                |              |
| FILE   | NOW!!! FEE IS \$138.75  | _                              |  |  |   |   | _              | ayable to      |              |
| Arter may  | y 1, 2008 Fee will be \$538.79<br>;                                     | <b>ə</b>                       |  |  |   | , Florida   | Departm        | ent of State   | В            |
| 9  | MANAGING MEMBI  | ERS/MANAGERS:                  | 10.  |  |   | _ ADDITIONS/  | CHANGES        | 1.7.2.2        | 1            |
| TITLE  | MGRM  | ☐ Delete                       | TITLE  |  |   |   |                | ☐ Change       | ☐ Addition   |
| NAME   | GRIFFIN, RL   |                                | NAMI   | E  |   |   |                |                |              |
| STREET ADDRESS   | PO BOX 148  |                                |  | ET ADDRESS   |   |   |                |                |              |
| CITY-ST-ZIP  | FT ODGEN, FL 34267  | - <u>-</u>                     | -  | -ST-ZIP  |   |   |                |                |              |
| TITLE<br>NAME  | [   | ☐ Delete                       | TITLE  |  |   |   |                | ☐ Change       | Addition     |
| STREET ADDRESS   |   |                                |  | ET ADORESS   |   |   |                |                |              |
| CITY-ST-ZIP  |   |                                |  | -ST-ZIP  |   |   |                |                |              |
| TITLE  |   | ☐ Delete                       | TITLE  |  |   |   |                | Change         | ☐ Addition   |
| NAME   |   |                                | NAM  |  |   |   |                |                |              |
| STREET ADDRESS   |   |                                | STRE   | ET ADDRESS   |   |   |                |                |              |
| CITY-ST-ZIP  | i   |                                | CITY   | -ST-ZIP  |   |   |                |                |              |
| TITLE  | <u> </u>  | =-                             | Çarı.  | -21-51   |   |   |                |                |              |
| ALA SAF  |   | Delete                         | TITLE  |  |   |   |                | ☐ Change       | Addition     |
| NAME   |   | ☐ Delete                       | TITLE  | <u> </u>   |   |   |                | ☐ Change       | ☐ Addition   |
| STREET ADDRESS   |   | ☐ Delete                       | TITLE<br>NAME<br>STREE                                   | E<br>E1 ADDRESS                                    |   |   |                | ☐ Change       | ☐ Addition   |
| STREET ADDRESS<br>CITY-\$1-ZIP                                     |   |                                | TITLE<br>NAME<br>STREE<br>CITY-                          | E<br>E1 ADORESS<br>- ST - ZIP                      |   |   | **             |                |              |
| STREET ADDRESS<br>CITY-\$T-ZIP<br>TITLE                            |   | ☐ Delete                       | TITLE<br>NAME<br>STREI<br>CITY-                          | E<br>ET ADORESS<br>-ST-ZIP                         |   |   |                | ☐ Change       | Addition     |
| STREET ADDRESS<br>CITY-\$1-ZIP                                     |   |                                | TITLE<br>NAME<br>STREE<br>CITY-<br>TITLE<br>NAME         | E<br>ET ADORESS<br>-ST-ZIP                         | 4.4   |   | <del>"</del> , |                |              |
| STREET ADDRESS<br>CITY-\$1-ZIP<br>TITLE<br>NAME                    |   | ☐ Delete                       | TITLE NAME STREE CITY- TITLE NAME STREE                  | E ET ADDRESS -ST-ZIP                               |   |   |                |                |              |
| STREET ADDRESS<br>CITY-\$1-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS  |   | ☐ Delete                       | TITLE NAME STREE CITY- TITLE NAME STREE                  | E ET ADDRESS -ST-ZIP  E E ET ADDRESS -ST-ZIP       |   | Mark Mark   | Ur Alfv. 3     | ☐ Change       | ☐ Addition   |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY::ST::ZIP |   |                                | TITLE NAME STREI CITY- TITLE NAME STREI CITY-            | E ET ADDRESS -ST-ZIP  E ET ADDRESS -ST-ZIP         |   |   |                | Change         | Addition     |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   | ☐ Delete                       | TITLE NAME STREI CITY- TITLE NAME STREI CITY- TITLE NAME | E ET ADDRESS -ST-ZIP  E ET ADDRESS -ST-ZIP         |   | t-p-2005  | ;              | Change         | Addition     |

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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #