

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000062190

Entity Name: GRIFFIN LANDINGS, LLC

FILED
Jan 21, 2009
Secretary of State

Current Principal Place of Business:

950 S. WINTER PARK DRIVE
SUITE 350
CASSELBERRY, FL 32707

Current Mailing Address:

950 S. WINTER PARK DRIVE
SUITE 350
CASSELBERRY, FL 32707

New Principal Place of Business:

130 REMINGTON DRIVE
SUITE 1012
OVIEDO, FL 32765

New Mailing Address:

130 REMINGTON DRIVE
SUITE 1012
OVIEDO, FL 32765

FEI Number: 20-3036686

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAGEN, DEBORAH D
950 S. WINTER PARK DRIVE
SUITE 350
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

HAGEN, DEBORAH D
130 REMINGTON DRIVE
SUITE 1012
OVIEDO, FL 32765 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: DEBORAH D. HAGEN

01/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HAGEN, TERRY D
Address: 950 S. WINTER PARK DRIVE, SUITE 350
City-St-Zip: CASSELBERRY, FL 32707

Title: MGR () Delete
Name: HAGEN, DEBORAH D
Address: 950 S. WINTER PARK DRIVE, SUITE 350
City-St-Zip: CASSELBERRY, FL 32707

Title: MGR () Delete
Name: WEISSMAN, NEIL JEFFREY
Address: 242-01 BRADDOCK AVENUE
City-St-Zip: BELLEROSSE, NY 11426

Title: MGR () Delete
Name: MADRUGA, JORGE
Address: 242-01 BRADDOCK AVENUE
City-St-Zip: BELLEROSSE, NY 11426

Title: MGR () Delete
Name: RAD, JACOB
Address: 242-01 BRADDOCK AVENUE
City-St-Zip: BELLEROSSE, NY 11426

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HAGEN, TERRY D
Address: 130 REMINGTON DRIVE, SUITE 1012
City-St-Zip: OVIEDO, FL 32765

Title: MGR (X) Change () Addition
Name: HAGEN, DEBORAH D
Address: 130 REMINGTON DRIVE, SUITE 1012
City-St-Zip: OVIEDO, FL 32765

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

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

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: DEBORAH D. HAGEN

MGR

01/21/2009

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