




# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90085 022 \*\*\*\*50.00

<b>DOCUMENT # L05000074751</b>					
<b>1. Entity Name</b> GRIFFIN & DANIEL, LLC					
<b>Principal Place of Business</b> 417 EAST INTERLAKE BOULEVARD LAKE PLACID, FL 33852 US			<b>Mailing Address</b> 417 EAST INTERLAKE BOULEVARD LAKE PLACID, FL 33852 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 16500 S. JEFFERSON AVE. <small>Suite, Apt. #, etc.</small>		<b>3. Mailing Address</b> 16500 S. JEFFERSON AVE. <small>Suite, Apt. #, etc.</small>			
<b>City &amp; State</b> LAKE PLACID FL		<b>City &amp; State</b> LAKE PLACID FL		<b>4. FEI Number</b> 20-3225770	
<b>Zip</b> 33852		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  GRIFFIN, STEVEN D 417 EAST INTERLAKE BOULEVARD LAKE PLACID, FL 33852			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 16500 S. JEFFERSON AVE. City <b>LAKE PLACID</b> <b>FL</b> Zip Code <b>33852</b>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRIFFIN TREES, INC. 417 EAST INTERLAKE BOULEVARD LAKE PLACID, FL 33852 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16500 S. JEFFERSON AVE. LAKE PLACID, FL 33852		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<b>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.</b>					
<b>SIGNATURE:</b> 			1-15-07 863-465-7702		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		