

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000094941

FILED
Apr 30, 2008
Secretary of State

Entity Name: GRIFFIN ROAD HOLDINGS, LLC

Current Principal Place of Business:

667 LAKE BOULEVARD
WESTON, FL 33326

New Principal Place of Business:

9950 SW 107 AVENUE
SUITE 204
MIAMI, FL 33176

Current Mailing Address:

667 LAKE BOULEVARD
WESTON, FL 33326

New Mailing Address:

9950 SW 107 AVENUE
SUITE 204
MIAMI, FL 33176

FEI Number: 20-8918610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AVELLAN, LILIANA V
600 N. PINE ISLAND ROAD
SUITE 450
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

AVELLAN, LILIANA V
9950 SW 107 AVENUE
SUITE 204
MIAMI, FL 33176 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:

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AVELLAN, LILIANA
Address: 667 LAKE BLVD
City-St-Zip: WESTON, FL 33326

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: AVELLAN, LILIANA
Address: 9950 SW 107 AVENUE SUITE 204
City-St-Zip: MIAMI, FL 33176

Title: MGRM () Change (X) Addition
Name: AVELLAN, MARCOS E
Address: 9950 SW 107 AVENUE SUITE 204
City-St-Zip: MIAMI, FL 33176

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: LILIANA V AVELLAN

MGRM

04/30/2008

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