

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90340 042 \*\*\*\*55.00

**DOCUMENT # L05000119466**

1. Entity Name  
6700 GRIFFIN, LLC



Principal Place of Business  
% SIDNEY M. MOSKIN  
4700 NW BOCA RATON BLVD., SUITE 101  
BOCA RATON, FL 33431-4860 US

Mailing Address  
% SIDNEY M. MOSKIN  
4700 NW BOCA RATON BLVD., SUITE 101  
BOCA RATON, FL 33431-4860 US



01082007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3950110

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SCHWARTZ, ROBERT M  
4700 NW BOCA RATON BOULEVARD  
SUITE 104  
BOCA RATON, FL 33431-4860

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MR.  
MOSKIN, SIDNEY M  
4700 NW BOCA RATON BLVD., SUITE 101  
BOCA RATON, FL 33421

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 of the registrant 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, OR AUTHORIZED REPRESENTATIVE

*Sidney M. Moskin*

Date

*4/12/07*

Daytime Phone #

*561-2415502*

*Managing Member*