

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000119466

Entity Name: 6700 GRIFFIN, LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

% SIDNEY M. MOSKIN
4700 NW BOCA RATON BLVD., SUITE 101
BOCA RATON, FL 334314860 US

New Principal Place of Business:

Current Mailing Address:

% SIDNEY M. MOSKIN
4700 NW BOCA RATON BLVD., SUITE 101
BOCA RATON, FL 334314860 US

New Mailing Address:

FEI Number: 20-3950110

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWARTZ, ROBERT M
4700 NW BOCA RATON BOULEVARD
SUITE 104
BOCA RATON, FL 334314860 US

Name and Address of New Registered Agent:

SWID, GARY
801 PARKSIDE CIRCLE NORTH
BOCA RATON, FL 33486 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: GARY SWID

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MR. () Delete
Name: MOSKIN, SIDNEY M
Address: 4700 NW BOCA RATON BLVD., SUITE 101
City-St-Zip: BOCA RATON, FL 33421 US

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MOSKIN, SIDNEY M
Address: 4700 NW BOCA RATON BLVD., SUITE 101
City-St-Zip: BOCA RATON, FL 33421 US

Title: MGRM () Change (X) Addition
Name: SWID, GARY
Address: 801 PARKSIDE CIRCLE NORTH
City-St-Zip: BOCA RATON, FL 33486

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: GARY SWID

MGRM

04/29/2009

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