## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## **FILED** Apr 09, 2007 08:00 All Secretary of State DOCUMENT # L06000018049 1. Entity Name GRIFFITH BUILDERS, L.L.C Principal Place of Business Mailing Address 10215 FALMINGO DRIVE 10215 FLAMINGO DRIVE **BRADENTON FL 34209 BRADENTON FL 34209** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & Stato 4. FEI Number Applied For Not Applicable Zip Country Zıp Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo GRIFFITH, PHILLIP D Street Address (P.O. Box Number is Not Acceptable) 10215 FLAMINGO DRIVE **BRADENTON FL 34209** City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 ADDITIONS/CHANGES 9. . MANAGING MEMBERS/MANAGERS 10. ☐ Delete IIILE Addition MGR U00000696704 GRIFFITH, PHILLIP D 04/18/07-80009-007 55.00 STREET ADDRESS STREET ADDRESS 10215 FLAMINGO DR. CITY+SI-ZIP CtTY-ST-ZIP **BRADENTON FL 34209** 11111 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete THILE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THIE ☐ Delete TITLE Change □ Add:tion NAME NAME STREET ADDRESS STREET ADDRESS CtTY-ST-ZIP CITY-ST-ZIP TITLE Delete □ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE □ Defete IIILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7P 11. I hereby certify that the information supptied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

ATURE: Phillip D Antitut 4-4-07 9417927513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Phone 8