## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000069868

2313 MAGNOLIA DR

City-St-Zip: PANAMA CITY, FL 32403

Address:

Entity Name: GRIFFIN COMMERCIAL GROUP, LLC

FILED Apr 13, 2009 Secretary of State

Current B	rinainal Blass	of Business	Now Princ	inal Blac	a of Business	
Current Principal Place of Business:			New Fillic	New Principal Place of Business:		
1806 WEAKFISH WAY PANAMA CITY, FL 32411				2313 MAGNOLIA DRIVE PANAMA CITY, FL 32408		
Current Mailing Address:			New Maili	New Mailing Address:		
6676 VICTORY DRIVE ACWORTH, GA 30102				2313 MAGNOLIA DRIVE PANAMA CITY, FL 32408		
FEI Number	: 26-0480736	FEI Number Applied For ( )	FEI Number Not App	icable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Address	of New Registered Agent:	
PANAMA (	iNOLIA DRIVE CITY BEACH, F		purpose of changing i	ts register	red office or registered agent, or both	
SIGNATUI						
SIGNATU		o Cianatura of Dogistarad As	ant.		 Date	
	Electroni	c Signature of Registered Ag	ent		Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/0	ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	P () THACKER, LARF 6676 VICTORY I ACWORTH, GA	OR	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V () BUCKALEW, ST PO BOX 27863 PANAMA CITY, F		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	RUDER, FREDÚ 1505 SWEETBA		Title: Name: Address: City-St-Zip:	1505 SWI	(X) Change ( ) Addition FRED&MEL EETBAY TR CITY BEACH, FL 32413	
Title: Name:	T () LARK, GARY & \$	Delete SARAH	Title: Name:		( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: SARAH LARK P 04/13/2009