

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

03-26-2008 90113 005 ***143.75

DOCUMENT # L07000090736					
1. Entity Name GRIFFONRAWL MMA LLC					
Principal Place of Business 13030 CENTRALIA RD BROOKSVILLE FL 34614			Mailing Address 13030 CENTRALIA RD BROOKSVILLE FL 34614		
2. Principal Place of Business - No P.O. Box # 9652 West Linebaugh Avenue Suite, Apt. #, etc.		3. Mailing Address 4063 Baseball Pond Road Suite, Apt. #, etc.			
City & State Tampa FL		City & State Brooksville FL		4. FEI Number 14-2006438	
Zip 32626		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HAGERMAN, JAMES R 13030 CENTRALIA RD BROOKSVILLE, FL 34614			7. Name and Address of New Registered Agent Name: Daniel Rawlings Street Address (P.O. Box Number is Not Acceptable): 4063 Baseball Pond Road City: Brooksville FL Zip Code: 34602		
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: <i>[Signature]</i> Daniel Rawlings, President 3/21/08 <small>(NOTE: Registered Agent signature required when resigning)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAGERMAN, JAMES R 13030 CENTRALIA RD BROOKSVILLE, FL 34614		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAWLINGS, DANIEL P 4069 BASEBALL POND RD BROOKSVILLE, FL 34602		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		please note changes to FEI number 14-2006438		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			3/21/08 352-556-8746 <small>Date Daytime Phone #</small>		