

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000102775

Entity Name: GRIFBAKE VILLAGES, LLC

FILED  
Mar 23, 2009  
Secretary of State

## Current Principal Place of Business:

990 ALVEREZ AVE  
THE VILLAGES, FL 32159

## New Principal Place of Business:

## Current Mailing Address:

990 ALVEREZ AVE  
THE VILLAGES, FL 32159

## New Mailing Address:

FEI Number: 26-1215431

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THE MILLHORN LAW FIRM LLC  
13710 US HIGHWAY 441  
SUITE 100  
THE VILLAGES, FL 32159 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: GRIFFIN, AUSTIN  
Address: 1606 MT. CROGHAN TRAIL  
City-St-Zip: THE VILLAGES, FL 32162

Title: MGRM ( ) Delete  
Name: BAKER, JILL  
Address: 9732 BAKER'S MILL COURT  
City-St-Zip: LEO, ID 46765

Title: MGRM ( ) Delete  
Name: GRIFFIN, KIMBERLYN  
Address: 1606 MT. CROGHAN TRAIL  
City-St-Zip: THE VILLAGES, FL 32162

Title: MGRM ( ) Delete  
Name: BAKER, MICHAEL  
Address: 9732 BAKER'S MILL COURT  
City-St-Zip: LEO, ID 46765

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: AUSTIN GRIFFIN

PRES

03/23/2009

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