


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAR 18 AM 11:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000000737 GRIFFIN ROAD, L.C. C/O K.J. HATHI 12 LOCHINVAR LANE OAKBROOK IL 60523		1a. Principal Place of Business Address C/O K.J. HATHI 12 LOCHINVAR LANE OAKBROOK IL 60523			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 06/05/1998 4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent BLOOMGARDEN, PAUL M 8551 W. SUNRISE BLVD., SUITE 208 FORT LAUDERDALE FL 33322			8. Name and Address of New Registered Agent/Office Name 188.75 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____			DATE _____		
(Principal or Agent Accepting Appointment) (If Not, Receiver or Trustee, please sign and attach)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	HATHI, K.J.	12 LOCHINVAR LANE		OAKBROOK IL	
				500002822645-5 -03/23/99--01145--012 ****188.75 ****188.75 <i>dec</i>	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: <i>Katherine Harris</i>					
SIGNATURE AND THE CORRESPONDING NAME OF REGISTERED MANAGER, MEMBER OR MANAGER					