2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 JUN -7 AM 10: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # L98000000737

1. Entity Name
GRIFFIN ROAD, L.C.

Principal Place of Business	Mailing Address
C/O K.J. HATHI	C/O K.J. HATHI
12 LOCHINVAR LANE	12 LOCHINVAR LANE
OAKBROOK IL 60523	OAKBROOK IL 60523-1613

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1000078 APPLIED FOR — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BLOOMGARDEN, PAUL M 954 370 2222
8551 W. SUNRISE BLVD., SUITE 208
FORT LAUDERDALE FL 33322

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS	10. ADDITIONS / CHANGES
TITLE ~~MGR~~ MGMR Change NAME HATHI, K.J. STREET ADDRESS 12 LOCHINVAR LANE CITY-ST-ZIP OAKBROOK IL 60523 ☐ Delete	TITLE ☒ Change ☐ Addition NAME → STREET ADDRESS 000003299180--4 CITY-ST-ZIP -06/21/00--01072--018 *****50.00
TITLE M NAME Dr. Dilip SHAH STREET ADDRESS 1508 Midwest club CITY-ST-ZIP Oak Brook, IL. 60523 ☐ Delete	TITLE ~~MGR~~ MGR NAME Dr. Dilip SHAH STREET ADDRESS 1508 Midwest club CITY-ST-ZIP Oak Brook, IL. 60523 ☐ Change ☐ Addition
TITLE M NAME Dr. Ashok Lakhani STREET ADDRESS Revocable Trust CITY-ST-ZIP 816 Phoebes Dr. Oak Brook, IL. 60523 ☐ Delete	TITLE ~~MGR~~ MGR NAME Dr. Ashok Lakhani STREET ADDRESS Revocable Trust CITY-ST-ZIP 816 Phoebes Dr. Oak Brook, IL. 60523 ☐ Change ☐ Addition
TITLE M NAME Meghmala Ashok Doshi STREET ADDRESS 931 W. Golden rod lane CITY-ST-ZIP Lake Forest, IL 60045 ☐ Delete	TITLE ~~MGR~~ MGR NAME Meghmala Ashok Doshi STREET ADDRESS 931 W. Golden lane CITY-ST-ZIP Lake Forest, ~~IL~~ 60045 (IL 60045) ☐ Change ☐ Addition
TITLE M NAME Mr. Ratilal D. Patel STREET ADDRESS 6085 NW. 66th way CITY-ST-ZIP Parkland, FL 33067 ☐ Delete	TITLE ~~MGR~~ MGR NAME Mr. Ratilal D. Patel STREET ADDRESS 6085 NW 66th way CITY-ST-ZIP Parkland, FL 33067 ☐ Change ☐ Addition
TITLE M NAME Mr. Kirit SHAH STREET ADDRESS 1608 NW 83 Dr CITY-ST-ZIP Coral Springs, FL 33071 ☐ Delete	TITLE ~~MGR~~ MGR NAME Mr. Kirit SHAH STREET ADDRESS 1608 NW 83 Dr CITY-ST-ZIP Coral Springs, FL 33071 ☐ Change ☐ Addition

11. I 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 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: SIGNATURE REQUIRED K. J. HATHI 1-31-2000 708 771 5475

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #