

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000737

1. Entity Name
GRIFFIN ROAD, L.C.

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

Mailing Address
C/O K.J. HATHI
12 LOCHINVAR LANE
OAKBROOK IL 60523

FILED

01 JUN 11 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
KIRIT SHAH
Suite, Apt. #, etc.
1508 N.W. 83rd Drive
City & State
CAROL SPRINGS FL
Zip
33071
Country

3. Mailing Address
C/O K.J. HATHI
Suite, Apt. #, etc.
7329 W. Harrison St.
City & State
FOREST PARK IL
Zip
60130
Country

4. FEI Number 65-1000070
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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.
FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
500004429725--2
-06/19/01--01060--006
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HATHI, K.J. 12 LOCHINVAR LANE OAKBROOK IL 60523	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAH, DILIP DR. 1508 MIDWEST CLUB OAK BROOK IL 60523	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAKHANI, ASHOK DR. 816 PHOEBES DR. OAK BROOK IL 60523	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOSHI, ASHOK 931 W. GRIDEN LANE LAKE FOREST IL 60045	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOSHI, MEGHMALA 931 W. GRIDEN LANE LAKE FOREST IL 60045	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RATILAL PATEL 6085 N.W. 66 WAY PARKLAND, FL 33067	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KIRIT SHAH 1508 N.W. 83rd Drive FORT LAUDERDALE, FL 60523	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Kanjallal J. Doshi 05-28-2001 708-771-5475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)