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CR2E083 (9/99)

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006429  
Entity Name  
MCGILL L GRIFFIN LLC

Principal Place of Business  
SOUTH PALAFOX STREET  
PENSACOLA FL 32501

Mailing Address  
P.O. BOX 1030  
PENSACOLA FL 32595-1030

Principal Place of Business  
700 South Palafox Street  
Suite, Apt. #, etc.  
Suite 220  
City & State

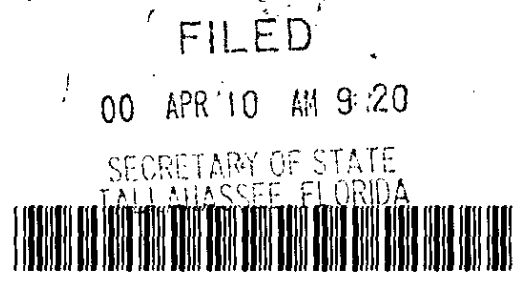
3. Mailing Address  
Suite, Apt. #, etc.  
City & State

4. FEI Number  
59-3602325

Applied For  
Not Applicable

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

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
GRIFFIN, JOHN KEVIN  
715 SOUTH PALAFOX STREET  
PENSACOLA FL 32501

7. Name and Address of New Registered Agent  
Name  
same  
Street Address (P.O. Box Number is Not Acceptable)  
700 South Palafox Street, Suite 220  
City FL Zip Code

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]* DATE 4/6/2000  
(Signature typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES	
NAME	STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM MCGILL, GERALD A 715 SOUTH PALAFOX STREET PENSACOLA FL 32501		<input type="checkbox"/> Delete	700 South Palafox Street, Suite 220	
MGRM GRIFFIN, JOHN K 715 SOUTH PALAFOX STREET PENSACOLA FL 32501		<input type="checkbox"/> Delete	700 South Palafox Street, Suite 220	
		<input type="checkbox"/> Delete	4000003221574-7 -04/24/00--01157--019 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* DATE 4/6/00 (850) 432-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Daytime Phone #