


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90067 045 ***138.75

DOCUMENT # M07000002347	
1. Entity Name GRIFFIN VENTURES, LLC	

Principal Place of Business 200 4TH AVENUE SOUTH UNIT #203 ST. PETERSBURG, FL 33701	Mailing Address PO BOX 1090 ST. PETERSBURG, FL 33731-1090
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60009606



2. Principal Place of Business - No P.O. Box #		3. Mailing Address 200 4TH AVE SOUTH	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 203	
City & State		City & State ST PETERSBURG FL	
Zip	Country	Zip	Country
		33701	USA

01152008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-0989389		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BARRY, DAVID H 200 4TH AVENUE SOUTH UNIT #203 ST. PETERSBURG, FL 33701		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARRY, DAVID H PO BOX 1090 ST. PETERSBURG, FL 337311090 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 4TH AVE SOUTH #203 ST PETERSBURG FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 exemptions contained in Chapter 119, 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:  **DAVID H. BARRY** **2-18-08** **727-254-7962**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #