


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M98000000292</b> 1. Entity Name GRIFFIN L.L.C. VALDOSTA, GEORGIA	
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Principal Place of Business 2509 ROCKY FORD ROAD VALDOSTA, GA 31609-1	Mailing Address 1007 MARKET ST D13039 WILMINGTON, DE 19898
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**DO NOT WRITE IN THIS SPACE**



04172008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 58-2380853	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE  
IN THIS SPACE**

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

000000929474

05/21/08-80071-004 138.75

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POUGNIER, JEAN 1007 MARKET ST WILMINGTON, DE 19898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WIRTH, DONALD D 1007 N MARKET ST WILMINGTON, DE 19898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLLINS, JAMES C JR 1007 N MARKET ST WILMINGTON, DE 19898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO VAN DIJK, FRED 1007 MARKET ST WILMINGTON, DE 19898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BONE, JAMES 1007 MARKET ST WILMINGTON, DE 19898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BEARDEN, JAMES 1007 MARKET ST WILMINGTON, DE 19898

**DO NOT WRITE  
IN THIS SPACE**

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:** Denise L. Beck 4/17/08 302 748913  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #