

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000292

FILED
Apr 02, 2009
Secretary of State

Entity Name: GRIFFIN L.L.C. VALDOSTA, GEORGIA

Current Principal Place of Business:

2509 ROCKY FORD ROAD
VALDOSTA, GA 316091

New Principal Place of Business:

Current Mailing Address:

1007 MARKET ST
D13039
WILMINGTON, DE 19898

New Mailing Address:

FEI Number: 58-2380853 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: POUIGNIER, JEAN
Address: 1007 MARKET ST
City-St-Zip: WILMINGTON, DE 19898

Title: MGR () Delete
Name: WIRTH, DONALD D
Address: 1007 N MARKET ST
City-St-Zip: WILMINGTON, DE 19898

Title: MGR () Delete
Name: COLLINS, JAMES C JR
Address: 1007 N MARKET ST
City-St-Zip: WILMINGTON, DE 19898

Title: CFO () Delete
Name: VAN DIJK, FRED
Address: 1007 MARKET ST
City-St-Zip: WILMINGTON, DE 19898

Title: VP () Delete
Name: BONE, JAMES
Address: 1007 MARKET ST
City-St-Zip: WILMINGTON, DE 19898

Title: VP () Delete
Name: BEARDEN, JAMES
Address: 1007 MARKET ST
City-St-Zip: WILMINGTON, DE 19898

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: PEET, DAVID
Address: 1007 N MARKET ST
City-St-Zip: WILMINGTON, DE 19898

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBYN G. MAGEE

AS

04/02/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date