

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90090 015 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000067908			
1. Entity Name GRIFFIN-ORANGE NORTH, INC.			
Principal Place of Business 1000 NORTH HIATUS ROAD #100 PEMBROKE PINES, FL 33026		Mailing Address 1000 NORTH HIATUS ROAD #100 PEMBROKE PINES, FL 33026	
2. Principal Place of Business 400 N. PINE ISLAND RD		3. Mailing Address 400 N. PINE ISLAND RD	
Suite, Apt. #, etc. 300		Suite, Apt. #, etc. 300	
City & State PLANTATION, FL		City & State PLANTATION, FL	
Zip 33324	Country U.S.A	Zip 33324	Country U.S.A
4. FEI Number 65-0855356		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent E.H.G. RESIDENT AGENTS, INC. 5100 TOWN CENTER CIRCLE SUITE 430 BOCA RATON, FL 33486		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 resigning.) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MILLER, LEONARD 1000 HIATUS RD, STE 100 PEMBROKE PINES, FL 33026 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MILLER, LEONARD 400 N. PINE ISLAND RD SUITE 300 PLANTATION, FL 33324 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, ROBERT B 1000 NORTH HIATUS ROAD, STE 100 PEMBROKE PINES, FL 33026 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, ROBERT B 400 N. PINE ISLAND RD SUITE 300 PLANTATION, FL 33324 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MILLER, CORINNE M 1000 NORTH HIATUS ROAD, STE 100 PEMBROKE PINES, FL 33026 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MILLER, CORINNE M 400 N. PINE ISLAND RD SUITE 300 PLANTATION, FL 33324 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERGER, ADOLPH 1000 NORTH HIATUS ROAD SUITE 100 PEMBROKE PINES, FL 33026 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERGER, ADOLPH 400 N. PINE ISLAND RD SUITE 300 PLANTATION, FL 33324 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BERGER, HELENE 1000 NORTH HIATUS ROAD SUITE 100 PEMBROKE PINES, FL 33026 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BERGER, HELENE 400 N. PINE ISLAND RD SUITE 300 PLANTATION, FL 33324 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT COTT, LAWRENCE J 1000 NORTH HIATUS ROAD SUITE 100 PEMBROKE PINES, FL 33026 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT COTT, LAWRENCE J 400 N. PINE ISLAND RD SUITE 300 PLANTATION, FL 33324 ☒ Change ☐ Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Corinne M. Cott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/24/06 954 431-6100