
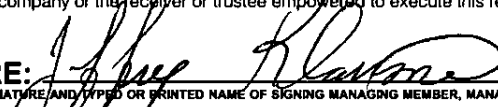


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 30, 2006 8:00 am**  
**Secretary of State**

06-30-2006 90059 013 \*\*\*\*50.00

DOCUMENT # L04000036729							
1. Entity Name CLIFF LAKE B, LLC							
Principal Place of Business 1 FINANCIAL PLAZA SUITE 2001 C/O DBR ASSET MANAGEMENT, LLC FT. LAUDERDALE, FL 33394			Mailing Address 1 FINANCIAL PLAZA SUITE 2001 C/O DBR ASSET MANAGEMENT, LLC FT. LAUDERDALE, FL 33394				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 20-1149193			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
MURRAY, DAVID G 1401 EAST BROWARD BLVD. SUITE 200 FT. LAUDERDALE, FL 33394			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 _____			DATE _____				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TURCHIN, LESLIE S 1 FINANCIAL PLAZA SUITE 2001 FT. LAUDERDALE, FL 33394	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Managing Members Michael Hecht & Jeffrey Klausner Co-Trustees of the Leslie S. Turchin Trust dated September 16, 2003 c/o Hecht and Company, P.C. 111 W. 40 <sup>th</sup> Street, 20 <sup>th</sup> Floor NY, NY 10018	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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		
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: 			Date: 6/14/06				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #				