


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2008 08:00 A
Secretary of State


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

DO NOT WRITE IN THIS SPACE



03052008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-1149193	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MURRAY, DAVID G
1401 EAST BROWARD BLVD.
SUITE 200
FT. LAUDERDALE, FL 33394

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

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	MGRM TURCHIN, SHARYN S TRUSTEE 1 FINANCIAL PLAZA SUITE 2001 FT. LAUDERDALE, FL 33394
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HECHT, MICHAEL 111 W 40TH STREET 20TH FLOOR NEW YORK, NY 10018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KLAUSNER, JEFFREY 111 W 40TH STREET 20TH FLOOR NEW YORK, NY 10018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TURCHIN LATONA, TARA TRUSTEE 1 FINANCIAL PLAZA SUITE 2001 FT. LAUDERDALE, FL 33394
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TURCHIN, TODD TRUSTEE 1 FINANCIAL PLAZA SUITE 2001 FT. LAUDERDALE, FL 33394
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

000000866189
 04/03/08-80018-022 138.75

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

JEFFREY KLAUSNER