2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000010816

1. Entity Name
WOODCLIFF, LLC



Principal Place of Business

516 LAKEVIEW ROAD

UNIT 8

CLEARWATER, FL 33756-3302

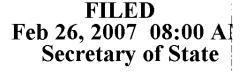
Mailing Address

516 LAKEVIEW ROAD

UNIT 8

DO NOT WRITE IN THIS SPACE

CLEARWATER, FL 33756-3302





01112007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 02-0600965

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FLYNN, THOMAS F 516 LAKEVIEW ROAD UNIT 8 CLEARWATER, FL 33756-3302 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)

DATE

Filing Fee Is \$50.00 Due by May 1, 2007

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|----------------|---------------------------|
| 9. | MANAGING MEMBERS/MANAGERS |
| TITLE | MGRM |
| NAME | FLYNN, THOMAS F |
| STREET ADDRESS | 516 LAKEVIEW RD, #8 |
| CITY-ST-ZIP | CLEARWATER, FL 33756 |
| TITLE | VP |
| NAME | FLYNN, KEVIN T |
| STREET ADDRESS | 516 LAKEVIEW RD, #8 |
| CITY-ST-ZIP | CLEARWATER, FL 33756 |
| TITLE | |
| NAME | |
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DO NOT WRITE
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11. I hereby certify that the information supplied with this filling 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 of the ecceiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: NEVILL 1. PIVILL VICE P

Kevin T. Flynn, Vice President

3/15/07 727-449

Daytime Phone #