

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90034 011 \*\*\*\*50.00

**DOCUMENT # L01000007248**

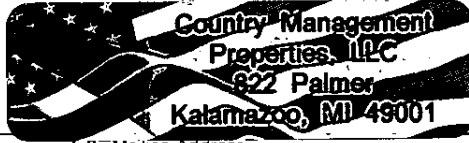
1. Entity Name

CLIFTON PALMS, L.L.C.



Principal Place of Business

3952 MAYPORT RD.  
APT. OFFICE  
ATLANTIC BEACH FL 32233



2. Principal Place of Business

3. Mailing Address COUNTRY MANAGEMENT

822 PALMER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

822 PALMER

City & State

City & State

KALAMAZOO, MI

Zip

Country

Zip

49001

Country

U.S.A.

4. FEI Number

59-3718663

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required



MOORE

CR2E083 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEARDSLEY, DALE A ESQ.  
4595 LEXINGTON AVENUE, SUITE #100  
JACKSONVILLE FL 32210-2058

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME KOLOGI, SUNIL V  
STREET ADDRESS 7417 CLIFTON QUARRY DR  
CITY-ST-ZIP CLIFTON VA 20124

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☒ Delete  
NAME KOLOGI, BINA  
STREET ADDRESS 7417 CLIFTON QUARRY DR  
CITY-ST-ZIP CLIFTON VA 20124

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*[Signature]* SUNIL KOLOGI

02/05/04 1-269-3887901