2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State
03-15-2005 90347 022 ****50.00

1st MOORE CR2E083 (10/04)

DOCUMENT # L01000007248

1. Entity Name
CLIFTON PALMS, L.L.C.

Principal Place of Business	Mailing Address
3952 MAYPORT RD. APT. OFFICE ATLANTIC BEACH FL 32233	COUNTRY MANAGEMENT 822 PALMER KALAMAZOO MI 49001 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3718663 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
BEARDSLEY, DALE A ESQ.
4595 LEXINGTON AVENUE, SUITE #100
JACKSONVILLE FL 32210-2058

7. Name and Address of New Registered Agent
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 Beardsley, Dale A. ESQ.
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, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOLOGI, SUNIL V 7417 CLIFTON QUARRY DR CLIFTON VA 20124 owner ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Owner/Manager ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bhaskar Pisipati Manager 822 Palmer Kalamazoo, MI 49001 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Bhaskar Pisipati - [illegible] 4-8-05 (269) 388-7901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #