

2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90054 002 \*\*\*\*50.00

DOCUMENT # L01000013907

1. Entity Name  
LIGHTCLIFFE, LLC



Principal Place of Business  
700 ELEVENTH STREET SOUTH PH2  
NAPLES, FL 34102-6777

Mailing Address  
700 ELEVENTH STREET SOUTH PH2  
NAPLES, FL 34102-6777

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01122004 No Chg-LLC

CR2E083 (10/03)

4. ~~File~~ Number 20-0843269 Applied For  
~~2004-08-26~~ Not Applicable

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

6. Name and Address of Current Registered Agent

WELLINGTON SHIELD SERVICES LTD INC  
700 ELEVENTH STREET SOUTH PH2  
NAPLES, FL 34102-6777

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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, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME TYRRELL, THOMAS K.H.  
STREET ADDRESS 700 ELEVENTH STREET SOUTH  
CITY-ST-ZIP NAPLES, FL 34102

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CITY-ST-ZIP

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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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-21-04

239-430-4306