2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 27, 2006 8:00 am Secretary of State

DOCUMENT # L01000013907 1. Entity Name LIGHTCLIFFE, LLC				S. OFFI	04-27-2006 90020 003 ****50.00		
Principal Place of Business Mailing Address 700 ELEVENTH STREET SOUTH PH2 700 ELEVENTH STREET S NAPLES, FL 34102-6777 NAPLES, FL 34102-6777			I PH2		~~	ეგ გეს	
Principal Place of Business 3. Mailing Address		SS					
Suite, Apt. #, etc.	Suite, Apt. #, etc.		01252006	Chg-LLC	CR2E083 (11/05)		
City & State .	City & State		4. FEI Numb 20-084		— — — — — — — — — — — — — — — — — — —	plied For Applicable	
Zip Country	Zip	Country		5. Certificate	of Status Desired	S5.00 Add Fee Require	
6. Name and Address of Current	Registered Agent			7. Name and	Address of New F	Registered Agent	
WELLINGTON SHIELD SERVICES LTD 700 ELEVENTH STREET SOUTH PH2 NAPLES, FL 34102-6777	INC		Street Addres	ingto N	Shiel er is Not Acceptable	d INC.	
17. CEO, 1 E 04.102-0777 App. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17			700	Eliver	th Stre	et South	PHZ
	·		7 10	iplus)		FL 5410	2.677
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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE COMOTION Secretary SIGNATURE							
Filing Fee is \$50.00 Due by May 1, 2006			d Agent signature requ	ind with tensianig)		se check payable to a Department of Stat	e
9. MANAGING MEMBERS / MANAGERS					ADDITIONS	/CHANGES	
TITLE MGR NAME TYRRELL, THOMAS K.H.	Delete		E LE	•		☐ Change	Addition
STREET ADDRESS 700 ELEVENTH STREET SOUTH NAPLES, FL 34102			EET ADDRESS '- ST- ZIP	٠			
TITLE MGR NAME WELLMAN LIMITED COMPANY STREET ADDRESS 700 ELEVENTH STREET SOUTH CITY-ST-ZIP NAPLES, FL 34102	□ Delete					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Delete	TITL NAM STRI	E			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with	Delete	CITY	RE EET ADDRESS (-ST-ZIP	od in Chantar 110	Secondary Statutes 11	Change □	Addition

11. Thereby 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 of trustee empowered to execute this report strength by Chapter 608, Florida Statutes.

Journal of the control of the limited liability company of the limited liability company or the receiver of trustee empowered to execute this report strength by Chapter 608, Florida Statutes.

SIGNATURE: CB Melyon . Op. Mgr. J. Wellman signature on prep of prep of printed named of signature of the prep of printed named of signature on authorized representative

4.19.06

239.430.4306

Daytim