

FILED
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Secretary of State

05-04-2007 90315 028 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0843269	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WELLINGTON SHIELD INC. 700 ELEVENTH STREET SOUTH, PH2 NAPLES, FL 34102-6777			7. Name and Address of New Registered Agent Hable Advisory Inc. 700 Eleventh Street South PH2 Naples FL 34102-6777		
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 reappointing)					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TYRRELL, THOMAS K.H. 700 ELEVENTH STREET SOUTH NAPLES, FL 34102	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR AOMAC Ltd Bison Court, Road Town Tortola, B.V.I.	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WELLMAN LIMITED COMPANY 700 ELEVENTH STREET SOUTH NAPLES, FL 34102	☒ 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
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 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 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: 19/4/07					