


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0040796

DOCUMENT # L02000004040		
1. Entity Name CLIFTON INVEST LTD. CO. <i>Senda</i>		

FILED

03 MAY -7 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business 360 SOUTH SHORE DRIVE SARASOTA FL 34234		Mailing Address 360 SOUTH SHORE DRIVE SARASOTA FL 34234	
2. Principal Place of Business		3. Mailing Address <i>12200 Willow Grove Rd.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Bldg #2</i>	
City & State		City & State <i>Camden Delaware</i>	
Zip	Country	Zip <i>19934</i>	Country <i>USA</i>

4. FEI Number <i>N/A</i>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FLETCHER, W. RICK 360 SOUTH SHORE DRIVE SARASOTA FL 34234		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> Zip Code	
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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 _____ (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, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VENTURE MANAGEMENT AND RESEARCH LIMITED 35 BARRACK ROAD BELIZE CITY, BELIZE, C.A. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600018448226 05/07/03--01102--015 **1000.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Alexis-Koehler on behalf of Venture Management & Research Limited*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

03/14/03
Date Daytime Phone #

CR2003 (10/02)