

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

4/4

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90001 038 \*\*\*\*55.00

**DOCUMENT # L02000006099**

1. Entity Name

**CLIFTON POINT MANAGEMENT, L.L.C.**



Principal Place of Business  
7417 CLIFTON QUARRY ROAD  
CLIFTON VA 20124

Mailing Address  
7417 CLIFTON QUARRY ROAD  
CLIFTON VA 20124

2. Principal Place of Business  
2760 MANPORT RD

3. Mailing Address  
10,000 S. WESTMORE AVE.

Suite, Apt. #, etc.  
APT. CLUB HOUSE

Suite, Apt. #, etc.  
APT. 1D (COUNTRY MANAGEMENT)

City & State  
ATLANTIC BEACH, FL

City & State  
PORTAGE, MI

Zip  
32233

Country  
USA

Zip  
49002

Country  
USA

☒ CHECK HERE IF MAKING CHANGES

37-1423337

4. FEI Number

37-142337

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 ESQUIRE  
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

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, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
KOLOLA, SUNIL V  
7417 CLIFTON QUARRY ROAD  
CLIFTON VA 20124 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
PISIPATI, BHASKAR  
P.O. BOX 1131  
PORTAGE MI 49081 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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STREET ADDRESS  
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TITLE  
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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/25/2003

1-269-324-9872

CR2E083 (10/02)