FILED
Apr 07, 2003 8:00 am
Secretary of State
04-07-2003 90615 048 ****55.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000006103

1. Entity Name
CLIFTON POINT, L.L.C.

30049503

[redacted]

Principal Place of Business	Mailing Address
2760 ~~MAYPORT ROAD~~ ~~JACKSONVILLE, FL 32299~~ 32233	2760 ~~MAYPORT ROAD~~ ~~JACKSONVILLE~~, FL 32299

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
2760 MAYPORT RD		10,000 S. WESTNEDGE AVE.	
Suite, Apt. #, etc.: APT. CLUBHOUSE		Suite, Apt. #, etc.: APT. 1D (COUNTRY MANAGEMENT)	
City & State: ATLANTIC BEACH, FL		City & State: PORTAGE, MI	
Zip: 32233	Country: USA	Zip: 49002	Country: USA

4. FEI Number: 61-1407579 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BEARDSLEY, DALE A ESQ. 4595 LEXINGTON AVENUE, SUITE #100 JACKSONVILLE, FL 32210-2058	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		10. ADDITIONS/CHANGES	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CLIFTON POINT MANAGEMENT, L.L.C.	NAME	
STREET ADDRESS	7417 CLIFTON QUARRY ROAD	STREET ADDRESS	
CITY-ST-ZIP	CLIFTON, VA 20124	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (10/02)

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] SUNIL V. KOLOLGI 03/25/2003 1-269-324-9872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #