2006 LIMITED 基本BILITY COMPANY **ANNUAL REPORT (AR)**

Mar 22, 2006 8:00 am **Secretary of State** DOCUMENT # L03000011986 1. Entity Name 03-22-2006 90292 031 ****55.00 27 CLIFF, LLC Principal Place of Business 4750 NORTHEAST 23RD AVENUE 4750 NORTHEAST 23RD AVENUE FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308 3. Maying ANTENSANK AVELLINO 223 CORAL LANE 2. Principal Place of Business 223 CORAL Suite, Apt, #, etc. 1st MOORE CR2E083 (10/05) Sty & State BEACH Applied For City & State 4. FEI Number 45-0512448 FLORIDA PALM BEACH Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired 33480-360 33480-3604 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VELLIND FRANT J. AVELLINO, FRANK J ddress (P.O. Box Number is Not Acceptable) 4750 NORTHEAST 23RD AVENUE FORT LAUDERDALE FL 33308 Zip Code City PALM BEACH 33480 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 expent. FRANK J. AVELLINO **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) one of registered agent and tille it applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. GENERAL PARTNER-HER TITLE Change ☐ Addition TIME MGR ☐ Delete AVELLIND, FRANK J. 223 CORAL LANE NAME NAME. AVELLINO, FRANK J STREET ADDRESS STREET ADDRESS 4750 NORTHEAST 23RD AVENUE CITY-ST-ZIP PALM BEACH FL 33+80 CHY-ST-ZIP FORT LAUDERDALE FL 33308 ☐ Change ☐ Addition BRE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP noitibhA 🔲 -- Delate --STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP ☐ Change Addition TITLE HELE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED