2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000011986

1. Entity Name 27 CLIFF, LLC



FILED Jan 29, 2007 08:00 AM Secretary of State

Principal Place of Business

223 CORAL LANE PALM BEACH, FL 33480-3604 Mailing Address

C/O FRANK AVELLINO 223 CORAL LANE PALM BEACH, FL 33480-3604



01052007 No Chg-LLC DO NOT WRITE IN THIS SPACE

CR2E083 (11/05)

Fee Required

4. FEI Number		Applied For
45-0512448	_	Not Applicable
5. Certificate of Status Desired		\$5.00 Additional

6. Name and Address of Current Registered Agent

AVELLINO, FRANK J 223 CORAL LANE PALM BEACH, FL 33480

STREET ADDRESS CITY-ST-ZIP

DO	NOT	WRITE
IN T	THIS	SPACE

	named entity submits this statement for the purpose of changing of registered agent.	j. ging its registered office or registered agent, or both	h, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed reme of registered agent and title if applicable,	(NOTE: Registered Agent eignsture required when remastring)	DATE
F	lling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		the production of the first production of the pr
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AVELLINO, FRANK J 223 CORAL LANE PALM BEACH, FL 33480		000000607222 01/31/07-80028-019 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN T	THIS SPACE
TITLE MAME STREET ADDRESS CITY-ST-ZIP			
TITLE			

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: Frank J. Avellino Frank J. Avellino	126/07	-561307-7699	· <u>· · ·</u> .
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date *** Daytime Phone #	