

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

|                                     |                                                                                   |
|-------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # L04000036320             |  |
| 1. Entity Name<br>CLIFF LAKE A, LLC |                                                                                   |

|                                                                                                                          |                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| Principal Place of Business<br>C/O DBR ASSET MANAGEMENT, LLC<br>1 FINANCIAL PLAZA, STE 2001<br>FORT LAUDERDALE, FL 33394 | Mailing Address<br>C/O DBR ASSET MANAGEMENT, LLC<br>1 FINANCIAL PLAZA, STE 2001<br>FORT LAUDERDALE, FL 33394 |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|



01172007No Chg-LLC CR2E083 (11/05)

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|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 4. FEI Number<br>20-1149117                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

|                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>MURRAY, DAVID G<br>1401 EAST BROWARD BLVD, STE 200<br>FORT LAUDERDALE, FL 33301 |
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$50.00  
Due by May 1, 2007

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                                  |
|------------------------------------------------|--------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>TURCHIN, SHARYN TRUSTEE<br>1 FINANCIAL PLAZA, SUITE 2001<br>FORT LAUDERDALE, FL 33394    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>HECHT, MICHAEL<br>111 W 40TH STREET 20TH FLOOR<br>NEW YORK, NY 10018                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>KLAUSNER, JEFFREY<br>111 W 40TH STREET 20TH FLOOR<br>NEW YORK, NY 10018                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>TURCHIN LATONA, TARA TRUSTEE<br>1 FINANCIAL PLAZA, STE 2001<br>FORT LAUDERDALE, FL 33394 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>TURCHIN, TODD TRUSTEE<br>1 FINANCIAL PLAZA, STE 2001<br>FORT LAUDERDALE, FL 33394        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                                  |

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01/29/07-80019-009 50.00

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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: [Signature] [Signature] 1-19-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #