


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000054671 1. Entity Name CLIFT ENTERPRISES, LLC	
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Principal Place of Business 3842 DEER CHASE PLACE EAST JACKSONVILLE, FL 32224	Mailing Address 3842 DEER CHASE PLACE EAST JACKSONVILLE, FL 32224
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01182007No Chg-LLC CR2E083 (11/05)

4. FEI Number 51-4901480	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CLIFT, ERIC N
3842 DEER CHASE PLACE EAST
JACKSONVILLE, FL 32224

**DO NOT WRITE
IN THIS SPACE**

B. 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 _____


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

U00000611574
02/02/07-80067-024 50.00

**DO NOT WRITE
IN THIS SPACE**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLIFT, ERIC N 3842 DEER CHASE PLACE EAST JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLIFT, HEATHER T 3842 DEER CHASE PLACE EAST JACKSONVILLE, FL 32224
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:  1/29/07 237-2327

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #