
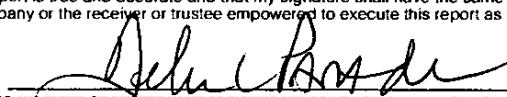


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90015 029 ****50.00

| | | | | | |
|---|--------------------------------------|--|--|---|--|
| DOCUMENT # L04000091538 1. Entity Name CLIFFORD LLC | | | |  | |
| Principal Place of Business 4400 N. HIGHWAY 19-A SUITE #6 MOUNT DORA, FL 32757 US | | | Mailing Address 4400 N. HIGHWAY 19-A SUITE #6 MOUNT DORA, FL 32757 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 4. FEI Number | | | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$5.00 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| PARADIS, DEBRA 4400 N. HIGHWAY 19-A SUITE 6 MOUNT DORA, FL 32757 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE | MGRM <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PARADIS, DEBRA | | NAME | | |
| STREET ADDRESS | 4400 N. HIGHWAY 19-A, SUITE 6 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MOUNT DORA, FL 32757 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 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:  | | | Debra L. Paradis 4/4/05 352-483-2246 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date Daytime Phone # | | |