

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000019387

FILED  
Apr 26, 2012  
Secretary of State

**Entity Name:** BLACKFRIARS MANAGEMENT US, LLC

**Current Principal Place of Business:**

90 SE 4TH AVE  
SUITE 1  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

1034 S OCEAN BLVD  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

90 SE 4TH AVE  
SUITE 1  
DELRAY BEACH, FL 33483

**New Mailing Address:**

1034 S OCEAN BLVD  
DELRAY BEACH, FL 33483

**FEI Number:** 20-8597203

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLIFFORD, MALORY  
90 SE 4TH AVE  
SUITE 1  
DELRAY BEACH, FL 33483 US

**Name and Address of New Registered Agent:**

CLIFFORD, MALORY  
1034 S OCEAN BLVD  
DELRAY BEACH, FL 33483 US

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.

SIGNATURE: \_\_\_\_\_

04/26/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CLIFFORD, MALORY P MR  
Address: 1034 S OCEAN BLVD  
City-St-Zip: DELRAY BEACH, FL 33483

Title: MGR  
Name: CLIFFORD, HOLLY C MS  
Address: 1034 S OCEAN BLVD  
City-St-Zip: DELRAY BEACH, FL 33483

Title: MGR  
Name: SIOW, ALETHEA C MS  
Address: 1034 S OCEAN BLVD  
City-St-Zip: DELRAY BEACH, FL 33483

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: MALORY CLIFFORD

MGRM

04/26/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date