2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2008
Secretary of State

DOCUMENT# L07000031066

Entity Name: CLIF CONSULTING, L.L.C.

Current Principal Place of Business:

8843 TROPICAL COURT
FORT MYERS, FL 33908

New Principal Place of Business:

15930 KNIGHTSBRIDGE CT
FORT MYERS, FL 33908

Current Mailing Address:

8843 TROPICAL COURT
FORT MYERS, FL 33908

New Mailing Address:

15930 KNIGHTSBRIDGE CT
FORT MYERS, FL 33908

FEI Number: 20-8827534 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WRIGHT, CHRISTINE F ESQ
2735 SANTA BARBARA BLVD., SUITE 201
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: LEINDECKER, GUIDO
Address: 8843 TROPICAL COURT
City-St-Zip: FORT MYERS, FL 33908

Title: MGR ( ) Delete
Name: LEINDECKER, DAVID
Address: 8843 TROPICAL COURT
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: LEINDECKER, GUIDO
Address: 15930 KNIGHTSBRIDGE CT
City-St-Zip: FORT MYERS, FL 33908

Title: MGR (X) Change ( ) Addition
Name: LEINDECKER, DAVID
Address: 15930 KNIGHTSBRIDGE CT
City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: LEIENDECKER, RUTH O 03/10/2008

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