

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000009551

FILED
Apr 14, 2009
Secretary of State

Entity Name: CLIFTON BAY INVESTMENTS, LLC

Current Principal Place of Business:

16227 EMERALD COVE RD
WESTON, FL 33331 US

New Principal Place of Business:

2158 BATON ROUGE
WESTON, FL 33326 US

Current Mailing Address:

16227 EMERALD COVE RD
WESTON, FL 33331 US

New Mailing Address:

2158 BATON ROUGE
WESTON, FL 33326 US

FEI Number: 26-1845575

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, SHAUN T MR.
16227 EMERALD COVE RD
WESTON, FL 33331 US

Name and Address of New Registered Agent:

SMITH, SHAUN T MR.
2158 BATON ROUGE
WESTON, FL 33326 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: SHAUN SMITH

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SMITH, SHAUN T MR.
Address: 16227 EMERALD COVE RD
City-St-Zip: WESTON, FL 33331 US

Title: MGRM () Delete
Name: SMITH, NICOLE F MRS.
Address: 16227 EMERALD COVE RD
City-St-Zip: WESTON, FL 33331 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SMITH, SHAUN T MR.
Address: 2158 BATON ROUGE
City-St-Zip: WESTON, FL 33326 US

Title: MGRM (X) Change () Addition
Name: SMITH, NICOLE F MRS.
Address: 2158 BATON ROUGE
City-St-Zip: WESTON, FL 33326 US

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: SHAUN SMITH

MR

04/14/2009

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