

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # M04000002018
 1. Entity Name
BRIARCLIFF CAPITAL MANAGEMENT GROUP, LLC



Principal Place of Business 1800 CORPORATE BOULEVARD, SUITE 303 BOCA RATON, FL 33431	Mailing Address 1800 CORPORATE BOULEVARD, SUITE 303 BOCA RATON, FL 33431
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01042005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1073665	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
 526 E. PARK AVENUE
 TALLAHASSEE, FL 32301

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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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPIEGELMAN, JACK 1800 CORPORATE BOULEVARD, SUITE 303 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHORE, WARREN 1800 CORPORATE BOULEVARD, SUITE 303 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/26/05-80021-008 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]* **Jack Spiegelman** *[Signature]* **2/24/05** *[Signature]* **56446249**

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