

FILED
May 27, 2008 8:00 am
Secretary of State


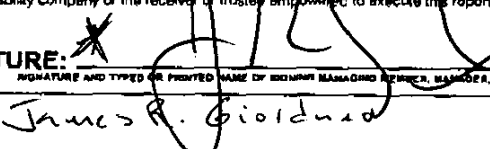
04-23-2008 90181 001 ***100.00

05-27-2008 90371 009 ****38.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/2

50005892

DOCUMENT # M05000003896			
1. Entity Name BRIARCLIFF CAPITAL LLC			
Principal Place of Business 1800 CORPORATE BLVD., SUITE 303 BOCA RATON, FL 33231		Mailing Address 1800 CORPORATE BLVD., SUITE 303 BOCA RATON, FL 33231	
2. Principal Place of Business - No P.O. Box 1234 Summer St		3. Mailing Address Suite, Apt. #, etc.	
City & State Stam. 12 CT		City & State FL	
Zip 06905		Country USA	
4. FET Number 06-1569801		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. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331		7. Name and Address of New Registered Agent 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 naming)			
FILE NOW! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRIARCLIFF HOLDING LLC 1800 CORPORATE BLVD., SUITE 303 BOCA RATON, FL 33231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this report does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			



ATTACHMENT

50005892

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 5, 2008

BRIARCLIFF CAPITAL LLC
1800 CORPORATE BLVD., SUITE 303
BOCA RATON, FL 33231

Subject: **BRIARCLIFF CAPITAL LLC**

Reference Number: **M05000003896**

Please be advised, we have received your annual report/uniform business report and check(s) totaling \$100.00 of which \$100.00 has been designated to file this report. However, the enclosed annual report/uniform business report has not been filed and a copy is being returned to you for the following correction(s):

The fee to file the enclosed limited liability company annual report is \$138.75. If a certificate of status is desired, please add an additional \$5.00.

There is a balance due of \$38.75.

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CW

ANNUAL REPORTS SECTION

P.O. BOX 6478 - Tallahassee, Florida 32314



ATTACHMENT

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M05000003896

FAX # 203-541-8917
TO: TOM Muhlfield
FROM: JACK Spiegelman
DATE: 5/19/08

OF PAGES INCLUDING COVER:

3**NOTES:**
