


2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # A23168	
1. Entity Name CLAY INVESTMENT GROUP, LTD.	

Principal Place of Business 555 WELLS RD. ORANGE PARK FL 32073	Mailing Address 555 WELLS RD. ORANGE PARK FL 32073
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Zip
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4. FCI Number 59-2708475	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MARTIN, CARLYLE K. 1893 KINGSLEY AVE. ORANGE PARK FL 32073	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE
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9. Capital Contributions as Shown on record. \$400,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	555 WELLS RD.	CITY - ST - ZIP	
CITY - ST - ZIP	ORANGE PARK FL		
DOCUMENT #	MARTIN, CARLYLE K.	STREET ADDRESS	
STREET ADDRESS	1893 KINGSLEY AVE.	CITY - ST - ZIP	
CITY - ST - ZIP	ORANGE PARK FL		
DOCUMENT #		STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			
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STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			

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05/03/04-80004-020 526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: 	3-31-04	904-276-3535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		

Date: Daytime Phone #