
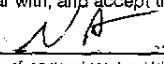
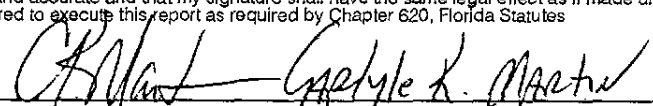


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
Mar 23, 2005 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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2708475	
				Applied For 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			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  Signature, typed or printed name of registered agent and title if applicable			DATE		
9. Capital Contributions as Shown on record \$400,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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	BOATRIGHT, RONALD O.		CITY-ST-ZIP	000000273856 03/23/05-80044-023 528.25	
CITY-ST-ZIP	ORANGE PARK FL				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	MARTIN, CARLYLE K.		CITY-ST-ZIP		
CITY-ST-ZIP	ORANGE PARK FL				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP					
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CITY-ST-ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP					
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:  3/14/05 904-276-3535					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					
Date Daytime Phone #					



1ST MOORE CR2E003 (10/04)

STAPLE CHECK HERE