

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012229

Entity Name: COLONIAL CLAY, L.L.C.

FILED
May 04, 2006
Secretary of State

Current Principal Place of Business:

1001 SE 11TH STREET
HIALEAH, FL 33010

New Principal Place of Business:

Current Mailing Address:

1001 SE 11TH STREET
HIALEAH, FL 33010

New Mailing Address:

FEI Number: 35-2176245 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ALAM, TONI H CPA
6915 RED ROAD, STE. 215-A
CORAL GABLES, FL 33143 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RUISECO, NICOLAS
Address: 848 BRICKELL KEY DRIVE, #1702
City-St-Zip: MIAMI, FL 33131

Title: MGRM () Delete
Name: RUISECO, JUAN M
Address: 3758 NE 208 TERR
City-St-Zip: AVENTURA, FL 33180

Title: MGRM () Delete
Name: RUISECO, MARIA C
Address: 3758 NE 208 TERR
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: NICOLAS RUISECO

MGRM

05/04/2006

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