

FROM : ORLANDO WATERSPORTS COMPLEX

FAX NO. : 407 816 9070

Apr. 27 2004 01:33PM P5/6

FILED**Apr 29, 2004 08:00 AM**
Secretary of State**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000014961 1. Entity Name DOT CLAY LIMITED LIABILITY COMPANY	
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Principal Place of Business 12515 LAKE BUYNAC CT. WINDERMERE, FL 34786	Mailing Address 12515 LAKE BUYNAC CT. WINDERMERE, FL 34786
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DO NOT WRITE IN THIS SPACE

04272004No Chg-LLC

CR2E083 (10/03)

4. FEI Number 41-2047518	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LYONS, DOUGLAS SCOTT 325 NORTH CALHOUN ST. TALLAHASSEE, FL 32301
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**DO NOT WRITE
IN THIS SPACE**

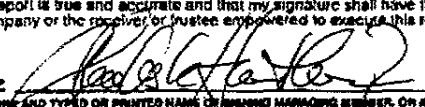
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE:**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAWTHORNE, CHARLES JR. 12515 LAKE BUYNAC CT. WINDERMERE, FL 34786
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04/29/04-80051-007 50.00**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 806, Florida Statutes.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE4/29/04 (321) 948-0808
Date Daytime Phone #