


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90057 018 ****50.00

DOCUMENT # L02000021496	
1. Entity Name CLAY PIT PARTNERS, #2, LLC	

Principal Place of Business 240 ADAMS BARN ROAD AUBURNDALE, FL 33823	Mailing Address 240 ADAMS BARN ROAD AUBURNDALE, FL 33823
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20000852



2. Principal Place of Business 2222 W. Pierce Street Suite, Apt. #, etc.	3. Mailing Address P O Box 1364 Suite, Apt. #, etc.
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01042005 Chg-LLC CR2E083 (10/03)

City & State Lake Alfred, Fl	City & State Auburndale, Fl
Zip 33850	Country USA
Zip 33823	Country USA

4. FEI Number 55-0793335	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent STRANG, JOHN W- 240 ADAMS BARN ROAD AUBURNDALE, FL 33823	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 2222 W. Pierce Street	
City Lake Alfred	FL Zip Code 33850

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 John W. Strang (NOTE: Registered Agent signature required when reinstating) DATE 1/7/05

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STRANG, JOHN W 240 ADAMS BARN ROAD AUBURNDALE, FL 33823 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2222 W. Pierce Street Lake Alfred, Fl 33850 <input checked="" 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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11. 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 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: John W. Strang DATE 1/7/05 863-956-3485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #