

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000015666

1. Entity Name
ATLANTIC CLAY ASSOCIATES, LLC



Principal Place of Business
400 LEVY ROAD
ATLANTIC BEACH, FL 32233

Mailing Address
400 LEVY ROAD
ATLANTIC BEACH, FL 32233



02012006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2669719	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCQUAIG, DAVID H
4745 SUTTON PARK COURT, SUITE 103
JACKSONVILLE, FL 32224

**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 reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SKAGGS, KATHERINE A
STREET ADDRESS	400 LEVY ROAD
CITY - ST - ZIP	ATLANTIC BEACH, FL 32233

TITLE	MGRM
NAME	KIRK, ROBERT
STREET ADDRESS	400 LEVY ROAD
CITY - ST - ZIP	ATLANTIC BEACH, FL 32233

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

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05/09/06-80122-019 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Katherine Skaggs* 4-26-06 904-249-4499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #