

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90222 034 \*\*\*\*50.00

**DOCUMENT # L03000029665**

1. Entity Name

CLAY COUNTY PINE RIDGE, LLC



Principal Place of Business

302 NE HANCOCK ST.  
MADISON FL 32340

Mailing Address

P.O. BOX 934  
MADISON FL 32341

2. Principal Place of Business

228 NE Hancock Avenue

3. Mailing Address

Suite, Apt. #, etc.

City & State

Madison, FL

City & State

Madison, FL

Zip

32340

Country

USA

Zip

32340

Country

USA

4. FEI Number

20-1106659

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional

Fee Required

1st MOORE

CR2E083 (10/05)



6. Name and Address of Current Registered Agent

DULAY, MARIA LINDA  
302 NE HANCOCK ST.  
MADISON FL 32340

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).

(NOTE: Registered Agent signature required when reinstating)

DATE

3/15/06

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME DULAY, MARIA LINDA  
STREET ADDRESS 302 NE HANCOCK ST.  
CITY-ST-ZIP MADISON FL 32340

TITLE MGRM ☐ Delete  
NAME FERNANDEZ, DEMETRIO  
STREET ADDRESS PO BOX 347  
CITY-ST-ZIP QUITMAN GA 31643

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME Dulay, maria linda  
STREET ADDRESS 228 NE Hancock Avenue  
CITY-ST-ZIP Madison, FL 32340

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/15/06