2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE: JOSHUA CLAY
SIGNATURE AND TYPED OR PRINTED NAME AT SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L03000048191  1. Entity Name  JOSHUA CLAY LLC					Apr 23, 2005 08:00 AM Secretary of State		
Principal Plac	ce of Business	Mailing Address			_		
85 DUERO STREET ST AUGUSTINE FL 32084 US		85 DUERO STREET ST AUGUSTINE FL 32084 US					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc		1st MOORE	CR2E083 (10/04)		
City & State		City & State			4. FEI Number 57-1194336	₹	pplied For ot Applicab!
Zip	Country	Zip Country		ntry	5. Certificate of Status Desired	\$5.00 Ad	ditional
	6. Name and Address of Current	t Registered Agent	1		7. Name and Address of New R	•	
CLA	AY, JOSHUA			Name			
85	DUERO STREET			Street Address (P.O. Box Number is Not Acceptable)			
ST.	AUGUSTINE FL 32084						
				City		FL Zip Coo	le
	e named entity submits this statement f	or the purpose of changing it	s register	ed office or register	red agent, or both, in the State of Flo		and accept
SIGNATURE	•	· 		-	·-		
	Signature, typed or printed name of registered agen			ed Agent signature required	d when reinstating)	DATE	
		FILE N Make Check Payat		FEE IS \$50.00 orida Departmet	nt of State		
		1		ay 1, 2005			
9.	MANAGING MEMB	ERS/MANAGERS	10.		ADDITIONS/	CHANGES	
THE	MGRM	☐ Delete	BBL			Change	Ağıllile
NAME STREET ADDRESS	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		NAM STRI	EET ADDRESS	U00000326230 04/23/05-80048-018 50.00		
CITY-ST-ZIP	ST AUGUSTINE FL 32084		CITY	'-SI-7IP	₩7.23/05-80	U48-U18 SU.U	
TITLE		☐ Delete	ītit	ļ		Change	Asissi
NAME STREET ADDRESS			NAM STRE	SET ADDRESS			
CITY-ST-ZIP	·		CITY	'-SI-ZIF			
TITLE		☐ Delete	ΤιΤ <b>ι</b>			☐ Change	Addition
NAME Street Address			NAM SIDS	TE I ADORESS			
CITY-ST-ZIP				'-SI-7P			
HTLE		☐ Delele	THE	1		Change	Addition
NAME OTDEET ADDRESS			NAM STOR	ME EE FADDRESS			
STREET ADDRESS CITY-ST-ZIP				: \$1-2IP			
TIFLE	<del> </del>	Delete		 E		☐ Change	☐ Addition
NAME A TRUET ADDOCES S			NAM.				
STREET ADORESS CITY+ST-ZIP				ETADDRESS '-ST-ZIP			
THLE	·	☐ Delele	itju			Change	Addition
NAME			NAM	IE .		_ 4-	
STRFET ADDRESS CITY+ST-ZIP				FET ADDRESS '-S1-ZIP			
	L	h this filing does not qualify fo			ection 119,07(3)(i), Florida Statutes I	further certify that the i	nformation
indicated limited lia	certify that the information supplied wit don this report is true and accurate and ability company or the receiver or truste	that my signature shall have e empowered to execute this	the sam	e legal effect as if n s required by Chap	nade under oath; that I am a manag ter 608, Florida Statutes,	ing member or manage	er of the

FIL ED

4/20/05 (904) 825-4245