


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90007 011 ****50.00

DOCUMENT # L03000048191	
1. Entity Name JOSHUA CLAY LLC	

Principal Place of Business 85 DUERO STREET ST AUGUSTINE FL 32084 US	Mailing Address 85 DUERO STREET ST AUGUSTINE FL 32084 US
--	--



2. Principal Place of Business 1200 HIBISCUS STREET ST AUGUSTINE City & State ST AUGUSTINE FL Zip 32084 Country ST. JOHNS	3. Mailing Address 1200 HIBISCUS STREET Suite, Apt. #, etc. City & State ST AUGUSTINE FL Zip 32084 Country ST. JOHNS
--	---

2nd MOORE CR2E083 (4/06)

4. FEI Number 57-1194336		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 CLAY, JOSHUA 85 DUERO STREET ST AUGUSTINE FL 32084		
7. Name and Address of New Registered Agent Name: CLAY, JOSHUA Street Address (P.O. Box Number is Not Acceptable): 1200 HIBISCUS STREET City: ST. AUGUSTINE FL Zip Code: 32084		

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: *Joshua Clay* (JOSHUA CLAY) DATE: 8/30/06

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLAY, JOSHUA 85 DUERO STREET ST AUGUSTINE FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLAY, JOSHUA 1200 HIBISCUS STREET ST. AUGUSTINE FL 32084 <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
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
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
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
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

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: *Joshua Clay* (JOSHUA CLAY) 8/30/06 (904) 377-8503

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