


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 18, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000076757 1. Entity Name CLAYTON B. CLAY L.L.C.	
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05082007 No Chg-LLC

CR2E083 (11/05)

Principal Place of Business 5918 YUCATAN DR. ORLANDO, FL 32807	Mailing Address 5918 YUCATAN DR. ORLANDO, FL 32807
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DO NOT WRITE IN THIS SPACE

4. FEI Number 27-0108150	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 THOMAS, LAURA J 5918 YUCATAN DR. ORLANDO, FL 32807
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**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 *Laura J Thomas* **LAURA J. THOMAS** **6-10-07**
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 September 14, 2007**

U000000766353
06/18/07-80002-003 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLAY, CLAYTON B 5918 YUCATAN DR. ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMAS, LAURA J 5918 YUCATAN DR. ORLANDO, FL 32807
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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: *Clayton B. Clay* **CLAYTON B. CLAY** **6-10-07** **407-256-9636**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #