2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000014024

1. Entity Name
OAKS OF CLAY COUNTY, LLC

Principal Place of Business	Mailing Address
4590 C.R. 218 WEST	P.O. BOX 795
MIDDLEBURG, FL 32068	MIDDLEBURG, FL 32068

DO NOT WRITE IN THIS SPACE

04082008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
74-3146132	Not Applicable

5. Certificate of Status Desired ☐	**$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MOSS, JOHN B
1530 BUSINESS CENTER DR
STE 4
ORANGE PARK, FL 32003

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000888928
04/22/08-80031-012 138.75

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	HUGGINS, FRED R	
STREET ADDRESS	4590 CR 218 WEST	
CITY-ST-ZIP	MIDDLEBURG, FL 32068	
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CITY-ST-ZIP		

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: X _Fred R Hugg_   4-9-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #