

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90157 012 \*\*\*\*55.00

**DOCUMENT # L05000105932**  
 1. Entity Name  
**ECI CLAY, LLC**



Principal Place of Business  
**645 MAYPORT ROAD SUITE 3A  
 ATLANTIC BEACH, FL 32233**

Mailing Address  
**645 MAYPORT ROAD SUITE 3A  
 ATLANTIC BEACH, FL 32233**

30002397



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

01172006 Chg-LLC CR2E063 (11/05)

4. FEI Number  
**11-37666600**

Applied For  
 Not Applicable

5. Certificate of Status Desired...  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**ALLIGOOD, BOB  
 645 MAYPORT ROAD SUITE 3A  
 ATLANTIC BEACH, FL 32233**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$50.00  
 Due by May 1, 2006

*Managing Member*

Make check payable to  
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	<b>Bob Alligood</b>	<b>645 Mayport Rd, Ste 3A</b>	<b>Atlantic Beach, FL 32233</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 606, Florida Statutes.

SIGNATURE: *[Signature]*

1/26/06 (904) 24-0063

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



ATTACHMENT  
30002397

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 3, 2006

ECI CLAY, LLC  
645 MAYPORT ROAD SUITE 3A  
ATLANTIC BEACH, FL 32233

Subject: ECI CLAY, LLC

Reference Number:

L05000105932

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ

ANNUAL REPORTS SECTION

P.O. BOX 6478 - Tallahassee, Florida 32314



ATTACHMENT  
30008391

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 28, 2006

ECI CLAY, LLC  
645 MAYPORT ROAD SUITE 3A  
ATLANTIC BEACH, FL 32233

Subject: ECI CLAY, LLC

Reference Number: L05000105932

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CD  
ANNUAL REPORTS SECTION