

FILED  
May 21, 2007 8:00 am  
Secretary of State

04-23-2007 90355 038 \*\*\*\*50.00

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

|  |         |   |         |
|--|---------|---|---------|
| DOCUMENT # L06000078890  |         |    |         |
| 1. Entity Name<br>GEORGIA CLAY MINING, LLC   |         |   |         |
| Principal Place of Business<br>3951 WEST HIGHWAY 329<br>REDDICK, FL 32686  |         | Mailing Address<br>3951 WEST HIGHWAY 329<br>REDDICK, FL 32686   |         |
| 2. Principal Place of Business - No P.O. Box #   |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc.   |         |
| City & State   |         | City & State  |         |
| Zip  | Country | Zip   | Country |
|  |         | 4. FEI Number<br>20-5439720   |         |
|  |         | Applied For<br>Not Applicable   |         |
|  |         | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required  |         |
| 6. Name and Address of Current Registered Agent<br>HEEKIN, JAMES F JR.<br>215 NORTH EOLA DRIVE<br>ORLANDO, FL 32801  |         | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)</small> DATE _____  |         |   |         |
| Filing Fee is \$50.00<br>Due by May 1, 2007  |         | Make check payable to<br>Florida Department of State  |         |
| 9. MANAGING MEMBERS/MANAGERS   |         | 10. ADDITIONS/CHANGES   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br>Managing member<br>Richard Baum<br>10 Kinzel Lane<br>Orange, Nj 07052  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br>Managing member<br>Michael W. Wilkoy<br>2800 E. Silver Springs Blvd. Ste 204<br>Orlando, FL 32838  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><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 606, Florida Statutes. |         |   |         |
| SIGNATURE: <u>Don Chappell</u>   |         | Date: <u>4-1-07</u> Daytime Phone #: <u>3528540070</u>  |         |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |         | Date Daytime Phone #  |         |