

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000078890

Entity Name: GEORGIA CLAY MINING, LLC

FILED
Feb 27, 2009
Secretary of State

Current Principal Place of Business:

3951 WEST HIGHWAY 329
REDDICK, FL 32686

New Principal Place of Business:

Current Mailing Address:

3951 WEST HIGHWAY 329
REDDICK, FL 32686

New Mailing Address:

FEI Number: 20-5439720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEEKIN, JAMES F JR.
215 NORTH EOLA DRIVE
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BAUM, RICHARD
Address: 10 KIEZEL LN
City-St-Zip: WEST ORANGE, NJ 07052

Title: MGRM () Delete
Name: WIETZEL, MICHAEL W
Address: 2800 E SILVER SPRINGS BLVD STE 204
City-St-Zip: OCALA, FL 34470

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: MALLARD, ELLIOTT
Address: 3300 SW 34TH AVENUE SUITE 112
City-St-Zip: OCALA, FL 34474

Title: MGRM () Change (X) Addition
Name: LEVEY, HUGH
Address: 122EAST 42ND STREET 46TH FLOOR
City-St-Zip: NEW YORK, NY 10168

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ELLIOTT MALLARD

MGRM

02/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date