

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000093591

FILED
May 19, 2008
Secretary of State

Entity Name: CLAY'S CONSTRUCTION & DEVELOPMENT, LLC

Current Principal Place of Business:

4722 KNOLLWOOD DR
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

PO BOX 180325
TALLAHASSEE, FL 32318

New Mailing Address:

FEI Number: 32-0181991 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GIBSON, DONALD
210 FAIRWAY DRIVE
HAVANA, FL 32333 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: HOBERT, GARY J
Address: 4722 KNOLLWOOD DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM () Delete
Name: GIBSON, DONALD
Address: 210 FAIRWAY DRIVE
City-St-Zip: HAVANA, FL 32333

Title: MGRM () Delete
Name: CLAY, ALVIN JR
Address: 105 PEAR TREE LN
City-St-Zip: THOMASVILLE, GA 31757

ADDITIONS/CHANGES:

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

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

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

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: GARY J. HOBERT

MGRM

05/19/2008

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