
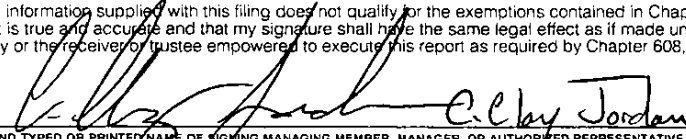


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90128 003 \*\*\*138.75

<b>DOCUMENT # L07000068360</b> 1. Entity Name CLAY JORDAN & MIGNON JORDAN EDWARDS, LLC					
Principal Place of Business 16520 U.S. HIGHWAY 301 DADE CITY, FL 33523			Mailing Address 16520 U.S. HIGHWAY 301 DADE CITY, FL 33523		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
6. Name and Address of Current Registered Agent  FOWLER WHITE BOGGS BANKER P.A. C/O HUNTER J. BROWNLEE 501 E. KENNEDY BLVD., SUITE 1700 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name C. CLAY JORDAN Street Address (P.O. Box Number is Not Acceptable) 16520 US HIGHWAY 301 City      State      Zip Code DADE CITY      FL      33523	
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 <u>March 25, 2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER MEMBER C. CLAY JORDAN 16520 US HIGHWAY 301 DADE CITY FL 33523		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER MEMBER MIGNON JORDAN EDWARDS 16520 US HIGHWAY 301 DADE CITY FL 33523		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<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 608, Florida Statutes.					
SIGNATURE:  DATE <u>March 25, 2008</u> Daytime Phone # <u>352/567-2210</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

60021564



03172008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
59-2163752  
Applied For  
☐ Not Applicable

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