FILED Apr 15, 2008 8:00 am Secretary of State 04-15-2008 90097 016 ***138.75

4-10.08 863-763-6076

DOCUMENT # L0700092316 1. Enthy Name CLAY COUNTY I, LLC Program Pleas of Burness Spit EST DIEAN BLVD. SUIT 2008 STUART, FL 34994 2. Principles Pleas of Burness SUINAT, FL 34994 2. Principles Pleas of Burness SUINAT, FL 34994 3. Malling Address SUINAT, FL 34994 2. Principles Pleas of Burness SUINAT, FL 34994 2. Principles Pleas SUINAT, FL 34994 3. Country SUINAT, FL 34974 3. Country Suinat Andress of Courtest Registered Agent 3. Name and Address of Courtest Registered Agent 3. Name and Address of Courtest Registered Agent 3. Name and Address of New Reg	20	ANNUAL					
SOLE AST OCEAN BLVD SURTE 210-8 STUART, R. 34994 STUART, R. 3	1. Entity Name	9	316				
Suito, Apt. #, etc. Suito, Apt. #, etc. Suito Cry & State Cry & Cry & State	900 EAST OCEAN BLVD. SUITE 210-B		900 EAST OCEAN BLVD. SUITE 210-B				
City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State Desired See Regulators See Re	2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Zip Country Zip Country 5. Cartificate of Status Desired Status De	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04042008 Chg-LLC	CR2E083 (12/06)	
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City City City City City City FL Zip Code City City City City City City City City Ci	City & State		City & State		4. FEI Number //26 08	/ —	
SUMMER ELDER M 204 SW 3RD STREET ORECHOBEE, FL 34974 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 City FL Zip Cod=	Zip	Country	Zip	Country	5. Certificate of Status Desired		
SUMMER ELDER M 204 SW 3RD STREET OKEECHOBEE, FL 34974 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 a coopt the obligations or registered agent. **SIGNATURE** **TILE** NOWIII FEE IS \$138.75 **After May 1, 2008 Fee will be \$538.75 **SIGNATURE** **DIAMANAGING MEMBERS MANAGERS** **DIRE** OKEECHOBEE, FL 34974 **DIRE** OK		6. Name and Address of Current R	legistered Agent	N	7. Name and Address of New R	egistered Agent	
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	SHAMED ELDER M			Name			
E. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am I amiliar with, and succept the obligations of registered agent, or both, in the State of Florida. I am I amiliar with, and succept the obligations of registered agent, or both, in the State of Florida. Provided agent, and the international provided agent in the purpose of changing its registered agent, or both, in the State of Florida. Provided its international provided agent. SIGNATURE Signature Description Des	204 SW 3RD STREET		Street Address		ess (P.O. Box Number is Not Acceptable	9)	
B. 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 Signature	ORECOTOBLE, LE 04074						
SIGNATURE Signature Signa				City		FL Zip Code	
FILE NOWILI FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of States Make check payable to Florida Department of States							
### FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Floridal Department of State MGRM	SIGNATURE						
TITLE NAME ELDER M. SUMNER REVOC TRUST UDT 8-13-07 STREET ADDRESS CITY-ST-ZP OKEECHOBEE, FL 34974 TITLE NAME STREET ADDRESS CITY-ST-ZP CITY-ST-	FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State						
NAME STREET ADDRESS CITY-ST-ZIP OKECHOBEE, FL 34974 Delete	9.	MANAGING MEMBER	RS/MANAGERS	10.	ADDITIONS	/CHANGES	
STREET ADDRESS CITY-ST-ZIP OKECHOBEE, FL 34974 ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAM						☐ Change ☐ Addition	
CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE				I -	•		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRES	-			I 1			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				1 ·			
NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP	CITY-ST-ZIP			CITY-ST-ZIP			
STREET ADDRESS CITY-S1-ZIP TITLE TITLE NAME STREET ADDRESS CITY-S1-ZIP			☐ Delete			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TOTANGE	CITY-ST-ZIP			CITY-ST-ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE Delete TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE T			☐ Defete			☐ Change ☐ Addition	
CITY-ST-ZIP CTY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CTY-ST-ZIP CTY-ST-ZIP CTY-ST-ZIP Addition NAME NAME NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTY-ST-ZIP	ľ						
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE CHange Addition NAME STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete			☐ Change ☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	1						
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP							
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP							
	1		· · · · · · · · · · · · · · · · · ·			-	
		certify that the information supplied with	this filing does not qualify for		ained in Chapter 119, Florida Statutes. I	further certify that the information	