

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000008146

Entity Name: CLAY FINANCE, LLC

FILED
Jan 12, 2009
Secretary of State

Current Principal Place of Business:

3167 RIVER ROAD NORTH
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

3167 RIVER ROAD NORTH
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

FEI Number: 59-3646568

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRAZIER & FRAZIER, ATTYS AT LAW
1515 RIVERSIDE AVE
SUITE A
JACKSONVILLE, FL 32204 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: MGR () Delete
Name: CARLTON, DOROTHY A
Address: 3161 RIVER ROAD NORTH
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: MGR () Delete
Name: BLACKMON, HARRY L
Address: 3167 RIVER ROAD NORTH
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: MGR () Delete
Name: MATTHEW, CARLTON L
Address: 3167 RIVER ROAD NORTH
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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: DOROTHY A. CARLTON

MGR

01/12/2009

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