

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000000419

Entity Name: CLAY-INGELS CO., LLC

FILED
Jan 08, 2007
Secretary of State

Current Principal Place of Business:

914 DELAWARE AVENUE
LEXINGTON, KY 40505

New Principal Place of Business:

Current Mailing Address:

P O BOX 2120
LEXINGTON, KY 40588

New Mailing Address:

FEI Number: 61-0506067

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BADGER, WILLIAM E
2161 MCCOY BLVD
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: CHAPMAN, WILLIAM S JR
Address: 1625 LAKEWOOD DRIVE
City-St-Zip: LEXINGTON, KY 40502

Title: MGR () Delete
Name: GIVENS, AMBROSE W JR
Address: P O BOX 2247
City-St-Zip: JACKSONVILLE, FL 32203

Title: MGR () Delete
Name: NICOL, BRUCE R M,D,
Address: 1821 DELONG ROAD
City-St-Zip: LEXINGTON, KY 40515

Title: MGR () Delete
Name: GRIFFIN, JAMES E
Address: P O BOX 2120
City-St-Zip: LEXINGTON, KY 40588

Title: MGR () Delete
Name: BADGER, WILLIAM E
Address: 4829 ORTEGA FOREST DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGR () Delete
Name: ROMAINE, DOUGLAS P
Address: 300 W VINE STREET #2100
City-St-Zip: LEXINGTON, KY 405071801

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CHAPMAN, WILLIAM S JR
Address: 4689 OLD FRANKFORT PIKE
City-St-Zip: LEXINGTON, KY 40510

Title: MGR (X) Change () Addition
Name: GIVENS, AMBROSE W JR
Address: 4436 MCGIRTS BLVD
City-St-Zip: JACKSONVILLE, FL 32210

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

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 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: WILLIAM E BADGER

MGR

01/08/2007

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