

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State

DOCUMENT # A99000002102
1. Entity Name
 CLAYTON INVESTMENTS, LTD.

2. Principal Place of Business
 611 Wymore Road
 Suite, Apt. #, etc.

3. Mailing Address
 611 Wymore Road
 Suite, Apt. #, etc.

City & State
 Winter Park, FL

Zip 32789 **Country** USA

DO NOT WRITE IN THIS SPACE **MJH**

4. FFI Number 59-3614370 **Applied For**
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
Name W. Malcolm Clayton
Street Address (P.O. Box Number is Not Acceptable) 611 Wymore Road
City Winter Park **FL** **Zip Code** 32789

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.

SIGNATURE W. Malcolm Clayton
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. \$3,861,440.00 **10. Amount of Capital Contributions in FLORIDA to date.** \$3,900,440.00 **11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L99000008864	STREET ADDRESS	FF 8526.25
NAME	WMC Management, LLC	CITY-ST-ZIP	
STREET ADDRESS	611 Wymore Road		
CITY-ST-ZIP	Winter Park, FL 32789		
DOCUMENT #		STREET ADDRESS	8000003242478--2
NAME		CITY-ST-ZIP	-05/08/00--01080--007
STREET ADDRESS			****526.25 ****526.25
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

WMC Management, LLC

SIGNATURE: By: W. Malcolm Clayton **W. Malcolm Clayton (407) 644-6200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #