

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

DOCUMENT # A99000002102

1. Entity Name

CLAYTON INVESTMENTS, LTD.



FILED

04 MAY -5 PM 2:02

Principal Place of Business
611 WYMORE ROAD
WINTER PARK FL 32789

Mailing Address
611 WYMORE ROAD
WINTER PARK FL 32789

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

2. Principal Place of Business

5405 Diplomat Circle

Suite, Apt. #, etc.

SUITE 100

City & State

ORLANDO, FL

Zip

32810

Country

ORANGE

3. Mailing Address

5405 Diplomat Circle

Suite, Apt. #, etc.

SUITE 100

City & State

ORLANDO, FL

Zip

32810

Country

ORANGE

4. FEI 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

CLAYTON, W. MALCOLM
611 WYMORE ROAD
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

KEISHA M. CLAYTON

Street Address (P.O. Box Number is Not Acceptable)

610 CLAYTON + McCULLOH

1065 MAITLAND CENTER COMMONS BLVD

City

MAITLAND

FL

Zip Code

32751

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

Handwritten signature of Malcolm Clayton

Signature, typed or printed name of registered agent and title if applicable.

Handwritten date 4/26/04

DATE

9. Capital Contributions as Shown on record.

\$3,900,440.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL 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

DOCUMENT #

L99000008864

NAME

WMC MANAGEMENT, LLC

STREET ADDRESS

611 WYMORE ROAD

CITY-ST-ZIP

WINTER PARK FL 32789

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

5405 Diplomat Circle, Suite 100

CITY-ST-ZIP

ORLANDO, FL 32810

STREET ADDRESS

900037571699

CITY-ST-ZIP

06/02/04--01029--006 **535.00

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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)(i), 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

SIGNATURE:

Handwritten signature of Malcolm Clayton, Managing Member

OF GENERAL PARTNER

4/26/04

402-644-6200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE