


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # A99000002102

1. Entity Name
CLAYTON INVESTMENTS, LTD.



Principal Place of Business
5405 DIPLOMAT CIRCLE, SUITE 100
ORLANDO, FL 32810

Mailing Address
5405 DIPLOMAT CIRCLE, SUITE 100
ORLANDO, FL 32810



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01262005 Chg-LP CR2E003 (10/03)

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, KENNETH M
1065 MAITLAND CENTER COMMONS BLVD.
MAITLAND, FL 32751

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. **\$3,900,440.00**

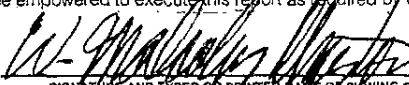
10. Amount of Capital Contributions in FLORIDA to date.

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 # NAME STREET ADDRESS CITY-ST-ZIP	L99000008864 WMC MANAGEMENT, LLC 5405 DIPLOMAT CIRCLE, SUITE 100 ORLANDO, FL 32810	STREET ADDRESS CITY-ST-ZIP	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **WMC MANAGEMENT, LLC**
W. MALCOLM CLAYTON
MANAGING GENERAL PARTNER

Date: **2/10/05** Daytime Phone #: **407-644-6200**