


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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AV

DOCUMENT # A99000002102

1. Entity Name
CLAYTON INVESTMENTS, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 APR -1 PM 2:40

WJ/3

Principal Place of Business
**611 WYMORE ROAD
WINTER PARK FL 32789**

Mailing Address
**611 WYMORE ROAD
WINTER PARK FL 32789**



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

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

DUE BY MAY 1, 2003

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
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.

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	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	900014960009
STREET ADDRESS	04/01/03--01023--013 **526.25
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: *W. Malcolm Clayton* **W. MALCOLM CLAYTON** MANAGING MEMBER
W. MALCOLM CLAYTON MEMBER MGMT LLC
 DATE: **3/14/03** DAYTIME PHONE #: **407-644-6200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (10/02)