

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State

04-30-2004 90076 036 ****55.00

DOCUMENT # L03000027708

1. Entity Name
CLAYTON ESTATES, LLC



Principal Place of Business
**636 N RIO GRANDE AVE
ORLANDO, FL 32805**

Mailing Address
**636 N RIO GRANDE AVE
ORLANDO, FL 32805**

34006143



2. Principal Place of Business
**1100 Town Plaza Ct.
Suite, Apt. #, etc. 2010**

3. Mailing Address
**Same as #2
Suite, Apt. #, etc.**

01092004 Chg-LLC CR2E083 (10/03)

City & State
Winter Springs, FL

City & State

4. FEI Number
20-0116750

Applied For
Not Applicable

Zip
32708

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAGEN, DEBORAH D
636 N RIO GRANDE AVE
ORLANDO, FL 32805**

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

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

(NOTE: Registered AGM signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
HAGEN, DEBORAH D
636 N RIO GRANDE AVE
ORLANDO, FL 32805** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
WILLIAMS, LARRY
800 WESTWOOD SQUARE SUITE E
OVIEDO, FL 32765** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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11. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #