


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90018 039 *****55.00

DOCUMENT # L03000027708						
1. Entity Name CLAYTON ESTATES, LLC						
Principal Place of Business 1100 TOWN PLAZA CT #2010 WINTER SPRINGS, FL 32708			Mailing Address 1100 TOWN PLAZA CT #2010 WINTER SPRINGS, FL 32708			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	4. FEI Number 20-0116750		
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent LEE, GREGORY D 1100 TOWN PLAZA CT #2010 WINTER SPRINGS, FL 32708			7. Name and Address of New Registered Agent			
Name			Street Address (P.O. Box Number is Not Acceptable)			
City			State 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 _____ (NOTE: Registered Agent signature required when reinstating)						
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State				
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILLIAMS, LARRY 800 WESTWOOD SQUARE SUITE E OVIEDO, FL 32765		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JORDAN EDVENTURES, LLC 1100 TOWN PLAZA COURT, SUITE 2010 WINTER SPRINGS, FL 32708	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> 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 # _____						