2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000045807

t. Entity Name

THE SIGNATURE COLLECTION BY JONES-CLAYTON CONSTRUCTION, LLC



FILED Jan 24, 2005 08:00 AM **Secretary of State**

Principal Place of Business

Mailing Address

833 N. MAGNOLIA AVENUE ORLANDO, FL 32803

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DO NOT WRITE IN THIS SPACE

Applied For 4. FEI Number 20-0421472 Not Applicable

5. Certificate of Status Desired

01202005 No Chg-LLC

\$5.00 Additional Fee Required

CR2E083 (10/03)

5. Name and Address of Current Registered Agant

JONES, RIAL J 833 N. MAGNOLIA AVENUE ORLANDO, FL 32803

DO NOT WRITE IN THIS SPACE

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 /	"Gont signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2005				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES-CLAYTON CONSTRUCTION, INC. 833 N. MAGNOLIA AVENUE ORLANDO, FL 32803			U00000194685 01/25/05-80111-002 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN 7	THIS SPACE
TITLE NAME Street address City-St-Zip				

11. I hereby certify that the information emposited with this filling 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 admature 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

> TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE