

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000058362

Entity Name: CLAYTONS' REALTY, LLC

FILED  
Apr 29, 2009  
Secretary of State

## Current Principal Place of Business:

5405 DIPLOMAT CIRCLE, SUITE 100  
ORLANDO, FL 32810

## New Principal Place of Business:

5405 DIPLOMAT CIRCLE  
SUITE 100  
ORLANDO, FL 32810 US

## Current Mailing Address:

5405 DIPLOMAT CIRCLE, SUITE 100  
ORLANDO, FL 32810

## New Mailing Address:

5405 DIPLOMAT CIRCLE  
SUITE 100  
ORLANDO, FL 32810 US

FEI Number: 20-2103360

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CLAYTON, KENNETH M ESQ.  
C/O CLAYTON & MCCULLOH  
1065 MAITLAND CENTER COMMONS BLVD.  
MAITLAND, FL 32751 US

## Name and Address of New Registered Agent:

CLAYTON, KENNETH M  
C/O CLAYTON & MCCULLOH  
1065 MAITLAND CENTER COMMONS BLVD.  
MAITLAND, FL 32751 US

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.

SIGNATURE: KENNETH M. CLAYTON

04/29/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: MALCOLM, CLAYTON W  
Address: 5405 DIPLOMAT CIR STE 100  
City-St-Zip: ORLANDO, FL 32810

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: CLAYTON, W. MALCOLM  
Address: 5405 DIPLOMAT CIR STE 100  
City-St-Zip: ORLANDO, FL 32810 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: W. MALCOLM CLAYTON

MGRM

04/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date