

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90194 001 \*\*\*\*55.00

**DOCUMENT # L06000071131**

1. Entity Name  
**JAMESTOWN, LLC**



Principal Place of Business  
**1065 MAITLAND CENTER COMMONS BLVD.  
MAITLAND, FL 32751**

Mailing Address  
**1065 MAITLAND CENTER COMMONS BLVD.  
MAITLAND, FL 32751**

**60050950**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262007

Chg-LLC

CR2E083 (12/06)

City & State

City & State

4. FEI Number

Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$5.00** Additional  
Fee Required

**20-5217307**

Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLAYTON, KENNETH M  
1065 MAITLAND CENTER COMMONS BLVD.  
MAITLAND, FL 32751**

Name  
**CLAYTON, KENNETH M.**

Street Address (P.O. Box Number is Not Acceptable)

**46 CLAYTON + MC CULLOH**

**1065 MAITLAND CENTER COMMONS BLVD.**

City  
**MAITLAND**

**FL**

Zip Code  
**32751**

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

*Kenneth M. Clayton*

(NOTE: Registered Agent signature required when reinstating)

*4/26/07*

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
CLAYTON INVESTMENTS, LTD.  
1065 MAITLAND CENTER COMMONS BLVD.  
MAITLAND, FL 32751**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
CLAYTON INVESTMENTS, LTD  
5405 DIPLOMAT CIRCLE, STE 100  
ORLANDO, FL 32810**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Kenneth M. Clayton* **KENNETH M. CLAYTON,  
PRESIDENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*4/26/07* **407-875-2655**  
Date Daytime Phone #