


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90038 038 ***143.75

DOCUMENT # L06000071131	
1. Entity Name JAMESTOWN, LLC	

Principal Place of Business 1065 MAITLAND CENTER COMMONS BLVD. MAITLAND, FL 32751	Mailing Address 5405 DIELMONT CIR SUITE 100 ORLANDO, FL 32810
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00004700



2. Principal Place of Business - No P.O. Box #		3. Mailing Address 5405 DIPLOMAT CIRCLE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 100	
City & State		City & State ORLANDO, FL	
Zip	Country	Zip	Country
		32810	USA

04282008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5217307		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CLAYTON, KENNETH M C/O CLAYTON & MCCULLOH 1065 MAITLAND CTR COMMONS BLVD MAITLAND, FL 32751		7. Name and Address of New Registered Agent	
		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 Agent signature required when renewing)	DATE
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLAYTON INVESTMENTS, LTD. 5405 DIPLOMAT CIR SUITE 100 ORLANDO, FL 32810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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 PRESIDENT	4/29/08	407-575-2655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #