

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/28/2008-90031-026-S138.75-S138.75

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUN 23 PM 1:58

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<b>DOCUMENT # L06000018235</b> 1. Entity Name WALKER'S GROVE, LLC		
Principal Place of Business 702 CARTER ROAD WINTER GARDEN, FL 34787		Mailing Address 702 CARTER ROAD WINTER GARDEN, FL 34787
2. Principal Place of Business - No P.O. Box # 89 E BAY ST Suits, Apt. #, etc.	3. Mailing Address PO Box 598 Suite, Apt. #, etc.	
City & State WINTER GARDEN FL	City & State OLOEE FL	4. FEI Number 14-1950678 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 34787	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent GRECO, JOSEPH C JR. 702 CARTER ROAD WINTER GARDEN, FL 34787		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 89 E BAY ST City WINTER GARDEN FL Zip Code 34787
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 re-registering) DATE _____		
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		Make check payable to Florida Department of State
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>
TITLE: MGRM NAME: GRECO, DEBELLES, CAMERO, CARSLIA, FLA., INC STREET ADDRESS: 702 CARTER ROAD CITY-ST-ZIP: WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 89 E BAY ST STREET ADDRESS: CITY-ST-ZIP:
TITLE: MGRM NAME: R & K CONSTRUCTION GROUP, LLC STREET ADDRESS: 2221 LEE ROAD, SUITE 15 CITY-ST-ZIP: WINTER PARK, FL 32789	<input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 1006 W 25th ST STREET ADDRESS: SANFORD FL 32711 CITY-ST-ZIP:
TITLE: MGRM NAME: GLM, LLC STREET ADDRESS: 6767 HOFFNER ROAD CITY-ST-ZIP: ORLANDO, FL 328223402	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
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: <i>Edward DeBelle</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date: 6/7/08 Daytime Phone #: 4078777344