

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000018235

Entity Name: WALKER'S GROVE, LLC

FILED  
Apr 15, 2009  
Secretary of State

**Current Principal Place of Business:**

89 E. BAY ST.  
WINTER GARDEN, FL 34787

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 598  
OCOEE, FL 347610598

**New Mailing Address:**

FEI Number: 14-1950678

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRECO, JOSEPH C JR.  
89 E. BAY ST.  
WINTER GARDEN, FL 34787 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GRECO, DEBELLES, CAMERO, CARSIA, FLA., INC  
Address: 89 E. BAY ST.  
City-St-Zip: WINTER GARDEN, FL 34787

Title: MGRM ( ) Delete  
Name: R & K CONSTRUCTION GROUP, LLC  
Address: 1006 W. 25TH ST.  
City-St-Zip: SANFORD, FL 32771

Title: MGRM ( ) Delete  
Name: GLM, LLC  
Address: 6767 HOFFNER ROAD  
City-St-Zip: ORLANDO, FL 328223402

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GERARD L DEBELLES

MGRM

04/15/2009

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