


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000053621			
1. Entity Name WALK MM LLC			
Principal Place of Business 2240 TRADE CENTER WAY NAPLES, FL 34109		Mailing Address 2240 TRADE CENTER WAY NAPLES, FL 34109	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SCHELLING, JEFFREY S 2240 TRADE CENTER WAY NAPLES, FL 34109		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 _____ DATE _____			
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGR <input type="checkbox"/> Delete NAME: TOETZ, MARK F STREET ADDRESS: 9321 KENSINGTON WAY CITY-ST-ZIP: FRANKLIN, WI 53132		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <i>NBR</i> STREET ADDRESS: <i>Gregory Wilk</i> CITY-ST-ZIP: <i>421 Seagull Naples, FL 34108</i>	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 100109887481 STREET ADDRESS: 09/25/07--01024--010 **50.00 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
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TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:		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>Gregory Wilk</i>		Date: <i>09/18/07</i>	Daytime Phone #: <i>239-541-2909</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

2007 SEP 20 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09122007 Chg-LLC CR2E083 (12/06)