


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY -7 AM 9:27

| | |
|--|---|
| 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 |



04232008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent

SCHELLING, JEFFREY S
2240 TRADE CENTER WAY
NAPLES, FL 34109

4. FEI Number
APPLIED FOR 20-4948790 Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

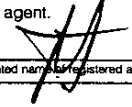
Name

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

2223 Trade Center Way

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  (NOTE: Registered Agent signature required when reinstating) DATE **04/28/08**

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

| | | |
|-----------------|---------------------|---------------------------------|
| TITLE | MGR | <input type="checkbox"/> Delete |
| NAME | TOETZ, MARK F | |
| STREET ADDRESS | 9321 KENSINGTON WAY | |
| CITY - ST - ZIP | FRANKLIN, WI 53132 | |
| TITLE | MGR | <input type="checkbox"/> Delete |
| NAME | WILK, GREGORY | |
| STREET ADDRESS | 421 SEAGULL | |
| CITY - ST - ZIP | NAPLES, FL 34108 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

10. ADDITIONS/CHANGES

| | | |
|-----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:  DATE **04/28/08** DAYTIME PHONE # **561-29 09**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

513