2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State
05-01-2008 90031 004 ***138.75

30008693

DOCUMENT # L05000098615

1. Entity Name
WALK TO THE BEACH, L.L.C.

Principal Place of Business	Mailing Address
21 NE 49TH AVE OCALA, FL 34470	21 NE 49TH AVE OCALA, FL 34470

02112008 Chg-LLC CR2E083 (12/06)

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
APPLIED FOR
☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WISSINGER, CHRISTINE J 21 NE 49TH AVE OCALA, FL 34470	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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M TALKER, RALPH H 6693 STONEYRILL LANE FRANKLIN, OH 45005	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M WHITACRE, JOSEPH W 3112 PENROSE PLACE SPRIGFIELD, OH 45003	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M HEALY, CHRISTOPHER P 1915 SW 34TH CT OCALA, FL 34474	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M WISSINGER, CHRISTINE J 21 NE 49TH AVE OCALA, FL 34470	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Christine J Wissinger 4-30-08 352-854-4162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

ATTACHMENT

* * * Memory TX Result Report (Mar. 6. 2008 9:37AM) * * *

1) AMSOUTH BANK
2)

Date/Time: Mar. 6. 2008 9:36AM

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File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
2382	Memory TX	15134227882	P. 2	OK	

Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size

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Schedule K-1 (Form 1065) — 2007

Department of the Treasury Internal Revenue Service

For calendar year 2007, or tax year beginning _____, 2007 ending _____, 20__

Partner's Share of Income, Deductions, Credits, etc. ▶ See page 3 of form and separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number
20-3777087

B Partnership's name, address, city, state, and ZIP code
WALK TO THE BEACH LLC

21 NE 49TH AVENUE
OCALA, FL 34470

C IRS Center where partnership filed return
OGDEN

D ☐ Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number
290-42-5835

F Partner's name, address, city, state, and ZIP code
RALPH TALKERS

6693 STONYRILL LANE
FRANKLIN OH 45005

G X General partner or LLC member-manager ☐ Limited partner or other LLC member

H X Domestic partner ☐ Foreign partner

I What type of entity is this partner? INDIVIDUAL

J Partner's share of profit, loss, and capital

	Beginning		Ending	
Profit	40.000	%	40.000	%
Loss	40.000	%	40.000	%
Capital	40.000	%	40.000	%

K Partner's share of liabilities at year end:
Nonrecourse $
Qualified nonrecourse financing $
Recourse $

L Partner's capital account analysis:
Beginning capital account $ 58,161
Capital contributed during the year $
Current year increase (decrease) $ (16,086)
Withdrawals & distributions $ ( )
Ending capital account $ 42,075

X Tax basis ☐ GAAP ☐ Section 704(b) book ☐ Other (explain)

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss)	(80)	16 Credits
2	Net rental real estate income (loss)	(16,006)	17 Alternative minimum tax (AMT) items
3	Other net rental income (loss)		18 Foreign transactions
4	Guaranteed payments		
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends		
7	Royalties		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)		
9b	Collectibles (28%) gain (loss)		
9c	Unrecaptured section 1250 gain		
10	Net section 1231 gain (loss)		19 Tax-exempt income and nondeductible expenses
11	Other income (loss)		
12	Section 179 deduction		20 Distributions
13	Other deductions		21 Other information
14	Self-employment earnings (loss) A	(80)	

*See attached statement for additional information.

For IRS Use Only