2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2006
Secretary of State

DOCUMENT# L00000007334

Entity Name: WALNUT CREEK ASSOCIATES, LLC

Current Principal Place of Business:

7000 WEST PALMETO PARK ROAD, STE 203
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

7000 WEST PALMETO PARK ROAD, STE 203
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: 65-1032491 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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:	MGR	( ) Delete
Name:	K. SOUTH, INC.,	
Address:	7000 WEST PALMETO PARK ROAD, STE 203	
City-St-Zip:	BOCA RATON, FL 33433	
Title:	SVPS	( ) Delete
Name:	ASHENFELTER, MARIA	
Address:	7000 WEST PALMETO PARK ROAD, STE 203	
City-St-Zip:	BOCA RATON, FL 33433	
Title:	ECOO	( ) Delete
Name:	COMBS, GREGORY V	
Address:	7000 WEST PALMETO PARK ROAD, STE 203	
City-St-Zip:	BOCA RATON, FL 33433	
Title:	TAS	( ) Delete
Name:	MIRRIONE, KRISTEN	
Address:	7000 WEST PALMETO PARK ROAD, STE 203	
City-St-Zip:	BOCA RATON, FL 33433	
Title:	PCD	( ) Delete
Name:	KONOVER, SIMON	
Address:	7000 WEST PALMETO PARK ROAD, STE. 203	
City-St-Zip:	BOCA RATON, FL 33433	
Title:	E	( ) Delete
Name:	COPPA, DAVID	
Address:	7000 WEST PALMETTO PARK ROAD, STE. 203	
City-St-Zip:	BOCA RATON, FL 33433	

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:		
Title:	TAS	(X) Change ( ) Addition
Name:	VACANT,	
Address:	7000 WEST PALMETO PARK ROAD, STE 203	
City-St-Zip:	BOCA RATON, FL 33433	
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 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: GREGORY COMBS ECOO 01/06/2006

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