

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 08, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000009547**

1. Entity Name  
WALKER, L.L.C.



Principal Place of Business  
208 S.W. 5TH AVENUE  
OKEECHOBEE, FL 34974

Mailing Address  
208 S.W. 5TH AVENUE  
OKEECHOBEE, FL 34974



01052004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1057043

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

WALKER, EMORY L  
208 S.W. 5TH AVENUE  
OKEECHOBEE, FL 34974

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
WALKER, EMORY L  
208 S.W. 5TH AVE.  
OKEECHOBEE, FL 34974

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VMGR  
WALKER, STEVE E  
208 S.W. 5TH AVE.  
OKEECHOBEE, FL 34974

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
ST  
WALKER, SCOTT E  
208 S.W. 5TH AVE.  
OKEECHOBEE, FL 34974

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

00000000827  
01/09/04-80014-009 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** \_\_\_\_\_

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

1/05/2004 (863) 763-0650

Date

Daytime Phone #