


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000009547 1. Entity Name WALKER, L.L.C.	
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Principal Place of Business 208 S.W. 5TH AVENUE OKEECHOBEE, FL 34974	Mailing Address 208 S.W. 5TH AVENUE OKEECHOBEE, FL 34974
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01102005No 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 <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  WALKER, EMORY L 208 S.W. 5TH AVENUE OKEECHOBEE, FL 34974
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2005**

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	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

110000180246  
01/13/05-BUS2-U13 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)(f), 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: Emory Walker 1/10/05 863 763-0650  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #