


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2006 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
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01052006 No Chg-LLC

CR2E083 (11/05)

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

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restate.)</small>
DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

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
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01/11/06-80046-003 50.00

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IN THIS SPACE**

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: <u>Emory Walker</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date <u>1/6/06</u> Daytime Phone # <u>(863) 763-0650</u>