

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 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



01082007 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 ☐ \$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, 2007**

0000000582010  
01/11/07-80015-014 50.00

**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

**DO NOT WRITE  
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:

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

Date

Daytime Phone #

EMORY WALKER MGR  
*Emory Walker*

1/8/07 (863) 763-6742