

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000009547

FILED
Jan 04, 2008
Secretary of State

Entity Name: WALKER, L.L.C.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-1057043

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, EMORY L
208 S.W. 5TH AVENUE
OKEECHOBEE, FL 34974 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: WALKER, EMORY L
Address: 208 S.W. 5TH AVE.
City-St-Zip: OKEECHOBEE, FL 34974

Title: VMGR () Delete
Name: WALKER, STEVE E
Address: 208 S.W. 5TH AVE.
City-St-Zip: OKEECHOBEE, FL 34974

Title: ST () Delete
Name: WALKER, SCOTT E
Address: 208 S.W. 5TH AVE.
City-St-Zip: OKEECHOBEE, FL 34974

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:

I hereby certify that the information supplied with this filing does not qualify 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: EMORY WALKER

MGR

01/04/2008

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