## 2005 LIMITED LIABILITY COMPANY

## **FILED** Apr 28, 2005 08:00 AM

	ANNUAL	. KEPUKI		<b>r</b> -	CCL	
1. Entity Nam	MENT # L0000016			Secretary of Stat		
Principal Piace of Business 5500 NORTH VILLAGE STE 200 WEST PALM BEACH, FL 33407		Mailing Address 100 SOUTH THIRD STREET COLUMBUS, OH 43215				
				04262005 No Chg-LLC	CR2E083 (10/03)	
DO NOT WRITE IN THIS SPA			CE	4. FEI Number 65-1063046	Applied For Not Applicable	
	• •	The state of the s		5. Certificate of Status Desired	55.00 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		,		
KRINER, DEBORAH L 1201 US HIGHWAY ONE, SUITE 350A NORTH PALM BEACH, FL 33408			**************************************	DO NOT WE	<del>, , , , , , , , , , , , , , , , , , , </del>	
the obligat	named entity submits this statement for ions of registered agent  Signature, speed or printed name of registered agent  Illing Fee is \$50.00  ue by May 1, 2005		ed office or register	when reinstating)	DATE	
			U00000340281 04/28/05-80107-024 50.00			
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGR WALKINGTON, INC. 100 SOUTH THIRD STREET COLUMBUS, QH 43215	RS/MANAGERS	20 T L O & PRO			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WE	RITE	
TITLE NAME STHEET ADDRESS CITY-ST-ZIP				IN THIS SPA	ACE	
TITLE NAME					16 to 1700. 1 1.1 1.0 1.1 1.1 1.1 1.1 1.1 1.1 1.	

11. I hereby certify that the information supplied with this filling 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.

Walkington, Inc. Manager By its President James A. Rutledge

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

CITY-ST-ZIP TITLE NAME STREET ADDRESS

(614) 227-2300

Daytime Phone #