LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 06, 2004 8:00 am
Secretary of State
06-02-2004 90342 011 ****50.00

DOCUMENT # L01000001699

1. Entity Name: ULTIMATE WALK LLC

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2. Principal Place of Business	3. Mailing Address
209 CORSAIR RD	PO BOX 654
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DUCK KEY FL	City & State: LONG KEY FL
Zip: 33050 Country: USA	Zip: 33001 Country: USA

4. FEI Number: 65-1070868 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: DONNA WITHINGTON

Street Address (P.O. Box Number is Not Acceptable): 209 CORSAIR ROAD

City: DUCK KEY FL Zip Code: 33050

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT/SECY. DONNA WITHINGTON
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PO BOX 654 LONG KEY, FL 33001
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER CHRIS WITHINGTON #4 ROMANY PARK OLIVETTE, MO 63132
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CR2E083B (12/02)

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

SIGNATURE: Donna M. Withington DONNA M. WITHINGTON 5-25-04 305-2894874
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #