

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L01000001699

1. Entity Name

ULTIMATE WALK, LLC



**FILED**  
**May 21, 2007 08:00 A**  
**Secretary of State**

Principal Place of Business

Mailing Address

209 CORSAIR RD  
DUCK KEY FL 33050

P.O. BOX 654  
LONG KEY FL 33001



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E083 (10/06)

4. FEI Number

65-1070868

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WITHINGTON, DONNA M  
209 CORSAIR RD  
MARATHON FL 33050

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

NAME PS ☐ Delete  
WITHINGTON, DONNA  
STREET ADDRESS P.O. BOX 654  
CITY- ST- ZIP LONG KEY FL 33001

NAME ☐ Change ☐ Addition  
STREET ADDRESS 000000764882  
CITY- ST- ZIP 05/31/07-80014-015 50.00

NAME T ☐ Delete  
WITHINGTON, CHRIS  
STREET ADDRESS #4 ROMANY PARK  
CITY- ST- ZIP OLIVETTE MO 63132

NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

NAME ☐ Change ☐ Addition  
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CITY- ST- ZIP

NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-27-07 305-289-4874

Date

Daytime Phone #