

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000001848

1. Entity Name
WALTER PROPERTIES, L.L.C.



Principal Place of Business
777 SOUTH HARBOUR ISLAND BOULEVARD
#360
TAMPA FL 33602

Mailing Address
777 SOUTH HARBOUR ISLAND BOULEVARD
#360
TAMPA FL 33602



01112005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3696104

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WALTER, ROBERT A
777 SOUTH HARBOUR ISLAND BOULEVARD
TAMPA, FL 33602

**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, 2005**

000000180897
01/14/05-80022-014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
WALTER, ROBERT A
777 S HARBOUR ISLAND BLVD #360
TAMPA, FL 33602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____

Robert A. Walter

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

Date

Daytime Phone #

1/14/05 *813-221-9782*
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