

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000009938

FILED
May 01, 2007
Secretary of State

Entity Name: WALFREONE, L.L.C.

Current Principal Place of Business:

4001 NEWBERRY RD, STE C-2
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

5610 SKIMMER DRIVE
APOLLO BEACH, FL 33572

New Mailing Address:

FEI Number: 65-1141010 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WARD, PETER H
4001 NEWBERRY RD, STE C-1
GAINESVILLE, FL 326072380 US

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: MGRM () Delete
Name: ADAMS, WALTER E
Address: 2522 FARRIER LANE
City-St-Zip: RESTON, VA 20191

Title: MGRM () Delete
Name: ADAMS, SHIRLEY Y
Address: 2522 FARRIER LANE
City-St-Zip: RESTON, VA 20191

Title: MGRM () Delete
Name: FRANCO, FRED C
Address: 5610 SKIMMER DRIVE
City-St-Zip: APOLLO BEACH, FL 33572

Title: MGRM () Delete
Name: FRANCO, TAMMY J
Address: 5610 SKIMMER DRIVE
City-St-Zip: APOLLO BEACH, FL 33572

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:

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: FRED FRANCO

MGRM

05/01/2007

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