LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000022826

1. Entity Name

The Walker Companies L.L.C.

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2. Principal Place of Business	3. Mailing Address
15 South "J" St.	P.O. Box 883.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKE WORTH, Florida	City & State: Florida, LAKE WORTH
Zip: 33460 Country: USA.	Zip: 33460 Country: USA.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1150450 ☐ 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: S.E. Moye

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

247 Plymouth Rd.

City: West Palm Bch FL Zip Code: 33405

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.

SIGNATURE: S.E. Moye 4/17/02
Signature, typed or printed name of registered agent and title if applicable. DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	TITLE	
NAME	Coastal Properties.	NAME	
STREET ADDRESS	3180 Washington Rd.	STREET ADDRESS	
CITY-ST-ZIP	West Palm Bch, Fl 33405.	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	MGRM	TITLE	
NAME	S.E. Moye Inc.	NAME	
STREET ADDRESS	247 Plymouth Rd	STREET ADDRESS	
CITY-ST-ZIP	West Palm Bch, Fl 33405	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE 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)(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: Marion Moye 4/17/02 561-588-2929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #