SIGNATURE: SIGNATURE AND TYPED OR PROTECT NAME OF SIGNING MANAGING MEMBER, MANAGER, OF AUTHORIZED REPRESENTATIVE

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT



1. Entity Name SOUTH WALTON INSURANCE, L.L.C.							04-26-2007	90035 02	21 ****50.0)O	
Principal Place 5365 E. CO. SEAGROVE B	HWY. 30-A,	SUITE 107	Mailing Address 5365 E. CO. HWY. 30-A, SUITE 107 SEAGROVE BEACH, FL 32459								
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04172007	Chg-LLC	CR2E	(12/06)		
City & State			City & State				4. FEI Numb				plied For t Applicable
Zip	Country		Zip Coun		try	5. Certificate of Status Desired S5.00 Addition Fee Required					
6. Name and Address of Current Registered Agent					Name		7. Name an	d Address of New	Registered	Agent	
FRANKLIN	IH WATS	SON P'A	Name								
5365 E. CO	D. HWY. 3	30-A, SUITE 107 H, FL 32459	Street Address			Address (F	P.O. Box Numb	per is Not Acceptal	ole)		
. :		•		City			··	F	Zip Code	•	
	named entitions of regis		r the purpose of changing its	register	ed office o	r register	ed agent, or b	oth, in the State of	Florida. I an	n familiar with,	and accept
SIGNATURE .	Signature, typed	d or printed name of registered agent	and title if applicable. (NOTE	: Registere	d Agent signal	ture required	when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007							Make check payable to Florida Department of State				
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			RS/MANAGERS	10.				Flori		ment of State	9
D	MGR	y 1, 2007 MANAGING MEMBE	RS/MANAGERS	10.	E	mea	2	Flori	da Departi	ment of State	Addition
9. TITLE NAME	MGR BEAUCH	MANAGING MEMBE AMP, KRYSTAL		TITL	E IE	mba Bea	2 ucham	Flori	da Departi	ment of State	
9. TITLE NAME STREET ADDRESS	MGR BEAUCH 665 WES	MANAGING MEMBE AMP, KRYSTAL TERN LAKE DRIVE	☐ Delete	TITLE NAM STRE	E EET ADDRESS	mba Bea P. O.	echam Box la	Flori	da Departi	ment of State	
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