

2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90057 015 \*\*\*\*50.00

20000736



<b>DOCUMENT # L02000006060</b> 1. Entity Name <b>WALKER TEA LLC</b>																													
Principal Place of Business <b>1878 UNIVERSITY PKWY SARASOTA, FL 34243</b>			Mailing Address <b>1878 UNIVERSITY PKWY SARASOTA, FL 34243</b>																										
2. Principal Place of Business <b>7123 BOCA GROVE PLACE</b> Suite, Apt. #, etc. <b>UNIT 204</b> City & State <b>BRADENTON</b> Zip <b>34202</b> Country <b>MANATEE</b>		3. Mailing Address <b>7123 BOCA GROVE</b> Suite, Apt. #, etc. <b>UNIT 204</b> City & State <b>BRADENTON</b> Zip <b>34202</b> Country <b>MANATEE</b>		01132006 Chg-LLC CR2E083 (11/05)  4. FEI Number <b>03-0392079</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent <b>WALKER, DAVID T 7123 BOCA GROVE PLACE, UNIT 204 BRADENTON, FL 34202</b>																									
7. Name and Address of New Registered Agent 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  DATE <b>1/13/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																									
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGR</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WALKER, DAVID T</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7123 BOCA GROVE PL #204</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BRADENTON, FL 34202</td> <td></td> </tr> </table>			TITLE	MGR	<input type="checkbox"/> Delete	NAME	WALKER, DAVID T		STREET ADDRESS	7123 BOCA GROVE PL #204		CITY-ST-ZIP	BRADENTON, FL 34202		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  DATE <b>1/13/06</b> DAYTIME PHONE # <b>941-907-4219</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																													