2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2007
Secretary of State

DOCUMENT# L02000008459

Entity Name: FOLDS & WALKER LLC

Current Principal Place of Business:

527 E. UNIVERSITY AVENUE
GAINESVILLE, FL 32602

New Principal Place of Business:

527 E. UNIVERSITY AVENUE
GAINESVILLE, FL 32601

Current Mailing Address:

P.O. BOX 1775
GAINESVILLE, FL 32602

New Mailing Address:

FEI Number: 01-0659328 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALKER, STUART SCOTT
527 E. UNIVERSITY AVNEUE
GAINESVILLE, FL 32602 US

Name and Address of New Registered Agent:

WALKER, STUART SCOTT
527 E. UNIVERSITY AVNEUE
GAINESVILLE, FL 32601 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: _____ 03/12/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WALKER, STUART SCOTT
Address: 527 E UNIVERSITY AVENUE
City-St-Zip: GAINESVILLE, FL 32602

Title: MGRM ( ) Delete
Name: FOLDS, ALLISON E
Address: 527 E. UNIVERSITY AVE
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WALKER, STUART SCOTT
Address: 527 E UNIVERSITY AVENUE
City-St-Zip: GAINESVILLE, FL 32601

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: STUART SCOTT WALKER MGRM 03/12/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date