2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# L02000008459

Entity Name: FOLDS & WALKER LLC

Current Principal Place of Business:

527 E. UNIVERSITY AVENUE
GAINESVILLE, FL 32601

New Principal Place of Business:

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 32601 US

Name and Address of New Registered Agent:

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: WALKER, STUART SCOTT
Address: 527 E UNIVERSITY AVENUE
City-St-Zip: GAINESVILLE, FL 32601

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

ADDITIONS/CHANGES:

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: S. SCOTT WALKER MGRM 04/13/2009

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