2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L02000020246

Entity Name: WALKER CLARK LLC

Current Principal Place of Business:

8650 BELLE MEADE DRIVE
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

13300-56 SOUTH CLEVELAND AVENUE
SUITE 315
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 36-4505694 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALKER JOHNSON, LISA M
8650 BELLE MEADE DRIVE
FORT MYERS, FL 33908 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 JOHNSON, LISA M MS.	
Address:	8650 BELLE MEADE DRIVE	
City-St-Zip:	FORT MYERS, FL 33908	
Title:	MGRM	( ) Delete
Name:	CLARK, NORMAN K MR.	
Address:	8650 BELLE MEADE DRIVE	
City-St-Zip:	FORT MYERS, FL 33908	

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: NORMAN K. CLARK MGRM 04/30/2009

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