

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

4-8
FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # L02000027125

1. Entity Name
WALNUT BEND EXECUTIVE CENTER, LLC



Principal Place of Business
**4231 WALNUT BEND, STE. 1
JACKSONVILLE, FL 32257**

Mailing Address
**4231 WALNUT BEND, STE. 1
JACKSONVILLE, FL 32257**



01082008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3421590	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**WATSON, TODD
7785 BAYMEADOWS WAY, STE. 107
JACKSONVILLE, FL 32256**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

000000913106
05/08/08-80002-025 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STINGONE, JOSEPH P 4231 WALNUT BEND, STE 1 JACKSONVILLE, FL 32257
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**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-1808

Date

904-880-2522

Daytime Phone #