


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> L02000030806	
<b>1. Entity Name</b> WALCO LLC	

<b>Principal Place of Business</b> 147 W.LYMAN AVE. SUITE 250 WINTER PARK, FL 32789	<b>Mailing Address</b> 147 W.LYMAN AVE. SUITE 250 WINTER PARK, FL 32789
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07012004No Chg-LLC CR2E083 (10/03)

<b>4. FEI Number</b> 36-8480435	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

WALKER, MARGARET JAN  
147 W.LYMAN AVE.  
SUITE 250  
WINTER PARK, FL 32789

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**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** \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by September 3, 2004**  
May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGRM WALKER, MARGARET JAN 1880 VIA CONTESSA WINTER PARK, FL 32789
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	

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**11.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **7-10-04** **807-629-8891 x205**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #