

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90190 006 ****50.00

DOCUMENT # L02000031519

1. Entity Name

WALKER, WATTS, HOLLOWAY FINANCIAL GROUP



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

c/o C.A. Moore, Esq.

Suite, Apt. #, etc.

400 N. Tampa Street, Ste 2300

City & State

Tampa, FL

Zip

33602

Country

US

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

27-0055036

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

C.A. Moore, Esq.

Street Address (P.O. Box Number is Not Acceptable)

400 N. Tampa Street, Ste 2300

City

Tampa

FL

Zip Code

33602

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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR
NAME	Joseph R. Walker
STREET ADDRESS	400 N. Tampa Street, Ste 2300
CITY - ST - ZIP	Tampa, FL 33602
TITLE	MGR
NAME	Patricia W. Walker
STREET ADDRESS	400 N. Tampa Street, Ste 2300
CITY - ST - ZIP	Tampa, FL 33602
TITLE	MGR
NAME	James C. Holloway, III
STREET ADDRESS	400 N. Tampa Street, Ste 2300
CITY - ST - ZIP	Tampa, FL 33602
TITLE	MGR
NAME	William W. Holloway
STREET ADDRESS	400 N. Tampa Street, Ste 2300
CITY - ST - ZIP	Tampa, FL 33602
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

4/23/03

863-709-9820

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

Date

Daytime Phone #

CR2E083B (12/02)