


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90146 047 ****50.00

DOCUMENT # L02000032561 1. Entity Name WALTON-GRAY, L.L.C.					
Principal Place of Business 913 HOLBROOK CIRCLE FORT WALTON BEACH, FL 32547			Mailing Address 913 HOLBROOK CIRCLE FORT WALTON BEACH, FL 32547		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 04-3729896	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GRAY, JEAN WALTON 913 HOLBROOK CIRCLE FORT WALTON BEACH, FL 32547				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	MGRM <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRAY, JEAN WALTON		NAME	GRAY, JEAN WALTON	
STREET ADDRESS	913 HOLBROOK CIRCLE		STREET ADDRESS	913 HOLBROOK CIRCLE	
CITY - ST - ZIP	FORT WALTON BEACH, FL 32547		CITY - ST - ZIP	FORT WALTON BEACH, FL 32547	
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALTON, ROBERT L		NAME	WALTON, ROBERT L	
STREET ADDRESS	30 BLENHEIM ROAD		STREET ADDRESS	1070 ROXANNA ROAD	
CITY - ST - ZIP	SHALIMAR, FL 32578		CITY - ST - ZIP	FT. WALTON BEACH, FL 32547	
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	MGRM <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALTON, JIMMY F		NAME	WALTON, JIMMY F	
STREET ADDRESS	501 RED OAK LANE		STREET ADDRESS	501 RED OAK LANE	
CITY - ST - ZIP	DEFUNIAK SPRINGS, FL 32433		CITY - ST - ZIP	DEFUNIAK SPRINGS, FL 32433	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <u>Jean W Gray</u> JEAN W GRAY			Date: <u>4/20/06</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Telephone Phone # <u>850/862-7246</u> <u>850/884-7587</u>		