

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000032975

1. Entity Name
WALTER D. DICKINSON, LLC



Principal Place of Business
**ONE INDEPENDENT DR
STE 2401
JACKSONVILLE, FL 32202**

Mailing Address
**ONE INDEPENDENT DR
STE 2401
JACKSONVILLE, FL 32202**

1000000491740
04/19/06-80035-016 50.00



DO NOT WRITE IN THIS SPACE

02202006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DICKINSON, WALTER D
ONE INDEPENDENT DR
JACKSONVILLE, FL 32202**

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
DICKINSON, WALTER
ONE INDEPENDENT DR., STE 2401
JACKSONVILLE, FL 32202**

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 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: *Walter Dickinson*

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

4/03/06 (904) 358-1206

Date

Daytime Phone #