

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 08:00 A**  
**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**



03142007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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**

I 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, 2007**

9. **MANAGING MEMBERS/MANAGERS**

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

TITLE	
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CITY-ST-ZIP	

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04/16/07-80056-012 50.00

**DO NOT WRITE  
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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

Date

Daytime Phone #

04/02/07 (904) 358-1206