

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 22, 2006 8:00 am
Secretary of State

06-22-2006 90196 020 ****50.00

DOCUMENT # L03000000143

1. Entity Name
WALL FAMILY TRUST, LLC



Principal Place of Business
**99 NESBIT STREET
PUNTA GORDA, FL 33950**

Mailing Address
**99 NESBIT STREET
PUNTA GORDA, FL 33950**

DO NOT WRITE IN THIS SPACE



02132006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
13-4231921

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KAHLE, GARY A
99 NESBIT STREET
PUNTA GORDA, FL 33955**

**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
**MGR
WALL, EDWARD F JR.
6837 VALIANT DRIVE
WINDSOR, WI 53598**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
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CITY- ST- ZIP

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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: *E. F. Wall, Jr.*

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

Date

Daytime Phone #

EDWARD F. WALL, JR., MANAGER

5/1/06 *608-219-5026*