
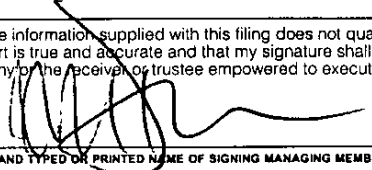


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90201 045 \*\*\*\*50.00

DOCUMENT # L03000000234			
1. Entity Name WALKER MANAGEMENT, L.L.C.			
Principal Place of Business 280 SANFORD AVENUE PALM BEACH, FL 33480		Mailing Address 280 SANFORD AVENUE PALM BEACH, FL 33480	
2. Principal Place of Business <i>9009 Potomac Station Ln</i>		3. Mailing Address <i>9009 Potomac Station Ln</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Potomac, MD</i>		City & State <i>Potomac, MD</i>	
Zip <i>20854</i>		Zip <i>20854</i>	
Country		Country	
6. Name and Address of Current Registered Agent  O'CONNELL, BRIAN M ESQ 515 NORTH FLAGLER DRIVE, SUITE 1800 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____			
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALKER, MILFORD D III 280 SANFORD AVENUE PALM BEACH, FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>9009 Potomac Station Ln</i> <i>Potomac, MD 20854</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: <i>3/18/06</i> Daytime Phone #: <i>240-848-3557</i>	

20015706



03062006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
71-0922935

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