2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 08, 2008 8:00 am Secretary of State

DOCUMENT # L0300000234 1. Entity Name WALKER MANAGEMENT, L.L.C.				61	05-08-2008 9	00106 022 ***13	8.75	
Principal Plac	e of Business	Mailing Address						
11811 GLEN MILL RD 11811 GLEN MILL RD POTOMAC, MD 20854 POTOMAC, MD 20854								
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2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address La New Seal Suite, Apt. #, etc.	oury Cir					
				03252008	Chg-LLC	CR2E083 (12/06)		
City & Stap	Palm Beach, FL	City & State	each, PL	4. FEI Numb 71-092		No	oplied For ot Applicable	
^{zip} 3341	Country	33401.	Country USA	5. Certificate	of Status Desired	S5.00 Add		
۱۰	6. Name and Address of Current F		<u> </u>	7. Name and	Address of New Re	<u>`</u>		
			Name			•		
O'CONNELL, BRIAN M ESQ 515 NORTH FLAGLER DRIVE, SUITE 1800 WEST PALM BEACH, FL 33401			Street A	Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Code	e	
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egistered office of	r registered agent, or bo	oth, in the State of Flor	ida. I am familiar with,	and accept	
SIGNATURE .							[
	Signature, typed or printed name of registered agent as	nd little if applicable (NOTF:	Registered Agent signs			DATE	ſ	
		1	. ngatorea rigorit aigi ta	ure required when reinstating)				
	NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75			ure required when reinstatung)		check payable to Department of State	e e	
			10.			check payable to Department of State	ė	
After May 9. TITLE	/ 1, 2008 Fee will be \$538.75 MANAGING MEMBER MGR		10. TITLE	hm 4 D	Florida ADDITIONS/	check payable to Department of State	Addition	
9. TITLE NAME	MANAGING MEMBER MGR WALKER, MILFORD D III	RS/MANAGERS	10. TITLE NAME	mbr worker mitte	Florida ADDITIONS/i	o check payable to Department of State CHANGES		
After May 9. TITLE	MANAGING MEMBER MGR WALKER, MILFORD D III 11811 GLEN MILL RD	RS/MANAGERS	10. TITLE NAME STREET ADDRESS	mbr worker mitte	Florida ADDITIONS/i	o check payable to Department of State CHANGES		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGR WALKER, MILFORD D III	RS/MANAGERS	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	hm 4 D	Florida ADDITIONS/i	check payable to Department of State CHANGES	Addition	
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11. I hereby certify that the information supplied with this fling does not qualify for the exemptions contained in Chapter 119, Florida Statules. Flurther 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, Manager, or authorized representative

Date

Daytime Phone #