## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 30, 2004 8:00 am Secretary of State

DOCUMENT # L03000015378  1. Entity Name WALKABOUT RESIDENTIAL COMPANY, LLC							04-30-2	2004 900	86 044 **	***50.00
Principal Place of Business 2500 QUANTUM LAKES DR. #101 BOYNTON BEACH, FL 33426			Mailing Address 2500 QUANTUM LAKES DR. #101 BOYNTON BEACH, FL 33426							
2. Principal Place of Business			3. Mailing Address 7 Corporate Plaza							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04292004	Chg-LLC	CR2E	083 (10/03)			
City & State			City & State Newport Beach, CA		4. FEI Numbe	58577			oplied For ot Applicable	
Zip Country		Country	Zip Country 92660 USA				of Status Desired		\$5.00 Add	
	6. Name	e and Address of Current F	Registered Agent			7. Name and	Address of New F	Registered		
NODDIE F	AMID B			Name						
NORRIS, DAVID B 712 U.S. HIGHWAY ONE STE. 400 NORTH PALM BEACH, FL 33408			Street Address			(P.O. Box Number is Not Acceptable)				
NORTHE	TEIVI DEA	ON, 1 E 33400								٠
				City				FL	Zip Coo	le
	named entit ions of regis		the purpose of changing its re	egistered office	or register	red agent, or bot	n, in the State of Fl	orida. I am	familiar with,	and accept
SIGNATURE.	Signature, typed	d or printed name of registered agent ar	nd title if applicable. (NOTE:	Registered Agent sign	ature required	when reinstating)		DATE	<del></del>	
Filing Fee is \$50.00 Due by May 1, 2004										
							5 ".	ke check p a Departm	payable to sent of Stat	e .
			RS/MANAGERS	10.			5 ".	a Departm	ent of Stat	e
9.		y 1, 2004	RS/MANAGERS	TITLE	MGR		ADDITIONS	a Departm	ent of Stat	€ . £ Addition
9. TITLE NAME STREET ADDRESS	ue by Ma	y 1, 2004		TITLE NAME STREET ADDRESS	MAC 101	DONALD, 42 Heron	ADDITIONS  DOUGLAS wood Lane	A Departm	ent of Stat	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ue by Ma	y 1, 2004	☐ Delcte	TITLE NAME	MAC 101 Wes	DONALD, 42 Heron t Palm B	ADDITIONS  DOUGLAS	A Departm	Change	<b>₹</b> Addition
9. TITLE NAME STREET ADDRESS	ue by Ma	y 1, 2004		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAC 101 Wes MGR BRE	DONALD, 42 Heron t Palm B M SOUN, FI	ADDITIONS  DOUGLAS wood Lane each, FL  ORENZO	/CHANGES B.	ent of Stat	
9. III'LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ue by Ma	y 1, 2004	☐ Delcte	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MACO 101 Wes MGR BRE 108	DONALD, 42 Heron 1 Palm B 2M 2SOUN, FI 392 Egret	ADDITIONS  DOUGLAS wood Lane each, FL  ORENZO Pointe L	/CHANGES B. 33412	Change	<b>₹</b> Addition
9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ue by Ma	y 1, 2004	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAC 101 Wes MGR BRE 108 Wes	DONALD, 42 Heron t Palm B M SSOUN, FI 192 Egret t Palm B	ADDITIONS  DOUGLAS wood Lane each, FL  ORENZO	/CHANGES B. 33412	Change	Addition
9. III'LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ue by Ma	y 1, 2004	☐ Delcte	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MAC 101 Wes MGR BRE 108 Wes	DONALD, 42 Heron t Palm B M SSOUN, FI 92 Egret t Palm B	ADDITIONS  DOUGLAS wood Lane each, FL  ORENZO Pointe L each, FL	/CHANGES B. 33412	Change	<b>₹</b> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my significate 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: \_\_\_\_

IGOR M. OLENICOFF, MANAGING MEMBER 4-29-04

~~7212<sup>\*</sup>