2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000015378

Address:

City-St-Zip:

Entity Name: WALKABOUT RESIDENTIAL COMPANY, LLC

FILED Apr 24, 2007 Secretary of State

| Current Principal Place of Business: | | | | New Principal Place of Business: | | | |
|---|---|----------------------------|---------------|---|------------------|-------------|---------------------------|
| | NTUM LAKES BEACH, FL 3 | | | | | | |
| Current Mailing Address: | | | | New Mailing Address: | | | |
| | RATE PLAZA BEACH, CA | 92660 | | | | | |
| FEI Number: | 27-0058577 | FEI Number Applied For (|) FEI Nun | nber Not Appli | icable () | Certific | ate of Status Desired () |
| Name and | Name and Address of New Registered Agent: | | | | | | |
| NORRIS, DAVID B 712 U.S. HIGHWAY ONE STE. 400 NORTH PALM BEACH, FL 33408 US | | | | OLENICOFF, IGOR M 1062 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071 US | | | |
| The above in the State | named entity s of Florida. | ubmits this statement for | the purpose o | f changing it | ts registered | d office or | registered agent, or both |
| SIGNATUR | | | (| 04/24/2007 | | | |
| | Electron | ic Signature of Registered | Agent | | | | Date |
| MANAGING MEMBERS/MANAGERS: | | | | ADDITIONS/CHANGES: | | | |
| Title: Name: Address: City-St-Zip: | MC DONALD, D 10142 HERONV | | | Title: Name: Address: City-St-Zip: | | () Change | () Addition |
| Title: Name: Address: City-St-Zip: | BRESOUN, FIO 10982 EGRET F | | | Title: Name: Address: City-St-Zip: | | () Change | () Addition |
| Title: Name: Address: City-St-Zip: | MGRM () OLENICOFF, IG 1062 CORAL RI CORAL SPRING | DGE DRIVE | | Title: Name: Address: City-St-Zip: | | () Change | () Addition |
| Title: Name: | () | Delete | | Title: Name: | MGR OLENICOFF | | (X) Addition |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

City-St-Zip:

1062 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071

SIGNATURE: IGOR M. OLENICOFF MGRM 04/24/2007