2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2006
Secretary of State

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Entity Name: WALTON WOODLANDS, LLC

Current Principal Place of Business:

56 SPIRES LANE
SUITE 13
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

686 BLUE MT RD
SANTA ROSA BEACH, FL 32459 US

Current Mailing Address:

56 SPIRES LANE
SUITE 13
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

P. O. BOX 1673
SANTA ROSA BEACH, FL 32459 US

FEI Number: 20-0280215 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DAVIS, MARK D
ANDREWS, DAVIS & SUTTON
694 BALDWIN AVE STE 1
DEFUNIAK SPRINGS, FL 32435 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	MCGILL, ROBERT E JR.	
Address:	5 WEEKEWACHEE CIRCLE	
City-St-Zip:	DESTIN, FL 32541	
Title:	MGRM	( ) Delete
Name:	MCGILL, GORDON	
Address:	193 BOTANY BAYOU BLVD	
City-St-Zip:	SANTA ROSA BEACH, FL 32459	
Title:	MGRM	( ) Delete
Name:	BLACK, DAVID C III	
Address:	POST OFFICE BOX 1566	
City-St-Zip:	SANTA ROSA BEACH, FL 32459	
Title:	MGRM	( ) Delete
Name:	MACLIN, HENRY W III	
Address:	POST OFFICE BOX 1566	
City-St-Zip:	SANTA ROSA BEACH, FL 32459	
Title:	MGRM	( ) Delete
Name:	ANDERS, JAMES F II	
Address:	10 COVE CREEK LANE	
City-St-Zip:	PANAMA CITY BEACH, FL 32413	
Title:	MGRM	( ) Delete
Name:	HILDRETH, EMMETT F JR.	
Address:	POST OFFICE BOX 1673	
City-St-Zip:	SANTA ROSA BEACH, FL 32459	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: EMMETT F. HILDRETH JR MGRM 04/18/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date