

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90211 025 \*\*\*\*55.00

**DOCUMENT # L03000035180**

1. Entity Name

WALTERS BROTHERS EXCAVATION, LLC



Principal Place of Business

804 LOUIS AVENUE  
LEHIGH ACRES FL 33972

Mailing Address

804 LOUIS AVENUE  
LEHIGH ACRES FL 33972

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0799208

Applied For  
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALTERS, DARRELL W II  
804 LOUIS AVENUE  
LEHIGH ACRES FL 33972

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WALTERS, DARRELL II	
STREET ADDRESS	804 LOUIS AVENUE	
CITY-ST-ZIP	LEHIGH ACRES FL 33972	
TITLE	Walters Matthew PRES	<input type="checkbox"/> Delete
NAME	804 Louis AV	
STREET ADDRESS	Lehigh Acres, FL 33972	
CITY-ST-ZIP		
TITLE	Darrel Walters Sr	<input type="checkbox"/> Delete
NAME	804 Louis AV	
STREET ADDRESS	Lehigh Acres FL 33972	
CITY-ST-ZIP		
TITLE	Kathy Walters	<input type="checkbox"/> Delete
NAME	804 Louis AV	
STREET ADDRESS	Lehigh Acres, FL 33972	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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:** Kathy Walters sec/treas Kathy Walters 2/5/04 239-368-1530

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #