


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90130 027 \*\*\*\*50.00

<b>DOCUMENT # L03000035498</b>					
<b>1. Entity Name</b> WALTON-PACIFIC, L.L.C.					
<b>Principal Place of Business</b> 694 BALDWIN AVENUE, SUITE 1 DEFUNIAK SPRINGS, FL 32435			<b>Mailing Address</b> 694 BALDWIN AVENUE, SUITE 1 DEFUNIAK SPRINGS, FL 32435		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> P.O. Box 1673			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b> SANTA ROSA Bch, FL		<b>4. FEI Number</b> 14-1895154	
<b>Zip</b>		<b>Country</b> 32459		<b>Country</b> Walton	
<b>6. Name and Address of Current Registered Agent</b> DAVIS, MARK D ATTORNEY AT LAW 694 BALDWIN AVENUE, SUITE 1 DEFUNIAK SPRINGS, FL 32435				<b>7. Name and Address of New Registered Agent</b>	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hildreth, EMMETT F, JR <input type="checkbox"/> Delete P.O. BOX 1673 MGRM Santa Rosa Bch, FL 32459		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> _____			4/30/04 8502672009		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

24063474



01202004 Chg-LLC CR2E083 (10/03)

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required