## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L03000035498**

1. Entity Name WALTON-PACIFIC, L.L.C.



Principal Place of Business

694 BALDWIN AVENUE, SUITE 1 DEFUNIAK SPRINGS, FL 32435 Mailing Address

PO BOX 1673

SANTA ROSA BEACH, FL 32459

## FILED Apr 27, 2005 8:00 am Secretary of State

04-27-2005 90022 003 \*\*\*\*55.00

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01182005 No Chg-LLC

CR2E083 (10/03)

١.	FEI Number 14-1895154	

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

DAVIS, MARK D ATTORNEY AT LAW 694 BALDWIN AVENUE, SUITE 1 DEFUNIAK SPRINGS, FL 32435

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of char ons of registered agent.	inging its registered	d office or registered agent, or both, in the St	ate of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered	Agent signature required when reinstating)	DATE
Fi De	ling Fee is \$50.00 ue by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM			
NAME	HILDRETH, EMMETT F JR			
STREET ADDRESS	PO BOX 1673			
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459			
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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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED RE