2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Oct 01, 2004 8:00 am Secretary of State DOCUMENT # L03000044579 08-26-2004 90061 009 ****50.00 03-16-2004 90172 029 ****50.00 DAVID W. WALKER, LLC Principal Place of Business Mailing Address 12415 PARKWOOD ST HUDSON FL 34669 12415 PARKWOOD ST HUDSON FL 34669 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (11/03) City & State City & State 4. FEI Number Applied For 0392180 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WALKER-DAVID W Street Address (P.O. Box Number is Not Acceptable) 12415 PARKWOOD ST **HUDSON FL 34669** City 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 prin (NOTE: Registered Agent signature required wh FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State _____ Due By May 1, 2004 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM ☐ Delate TITLE ☐ Change Addition TITLE NAME DAVID W. WALKER, LLC NAME 12415 PARKWOOD ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HUDSON FL 34669 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY- ST- 7IP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP := CTTY-ST-2!P. ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-702 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:

FILED