2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 17, 2005 08:00 AM Secretary of State

| DOCUMENT # L0300047432 1. Entity Name WILLIAM A. WALKER, LLC Principal Place of Business 940 ST, PATRICK DR TALLAHASSEE, FL 32310 Mailing Address 940 ST, PATRICK DR TALLAHASSEE, FL 32310 | Secretary of Star |
|---|-------------------------------|
| DO NOT WRITE IN THIS SPA | 02162005 No Chg-LLC |
| WALKER, WILLIAM A 940 ST. PATRICK DRIVE TALLAHASSEE, FL 32310 | DO NOT WRITE IN THIS SPACE |
| 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 | |
| Filing Fee is \$50.00 Due by May 1, 2005 | 1 |
| 9MANAGING MEMBERS/MANAGERS TITLE MGRM NAME WALKER, WILLLIAM A STREET ADDRESS 940 ST. PATRICK DR. CITY-SI-ZIP TALLAHASSEE, FL 32310 TITLE NAME | |
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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: | |

Date

Daytime Phone #

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