


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90132 036 ***150.00

DOCUMENT # L03000049110	
1. Entity Name PATRICK WALSH, LLC	

Principal Place of Business 2302 SAND HILL ROAD DAVENPORT, FL 33837 US	Mailing Address 2302 SAND HILL ROAD DAVENPORT, FL 33837 US
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60019565

2. Principal Place of Business - No P.O. Box # 2629 Waverly Barn Rd Suite, Apt. #, etc. Suite 126 City & State Davenport, FL Zip 33897 Country USA	3. Mailing Address 2629 Waverly Barn Rd Suite, Apt. #, etc. Suite 126 City & State Davenport, FL Zip 33897 Country USA
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03052008 Chg-LLC CR2E083 (12/06)

4. FEI Number 59-3684605	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent LCP INVESTMENTS INC 2302 SAND HILL ROAD DAVENPORT, FL 33837	7. Name and Address of New Registered Agent Name L C P Investments Inc Street Address (P.O. Box Number is Not Acceptable) 2629 Waverly Barn Rd Suite 126 City Davenport FL Zip Code 33897
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALSH, PATRICK J 2302 SAND HILL ROAD DAVENPORT, FL 33837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Walsh, Patrick J 2629 Waverly Barn Rd Suite 126 Davenport, FL 33897 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **03-08-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #