

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Feb 08, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000050357**

1. Entity Name  
**JUNIOR WALTERS, LC**



Principal Place of Business      Mailing Address  
**324 DICKSON STREET**      **324 DICKSON STREET**  
**KISSIMMEE FL 34744**      **KISSIMMEE FL 34744**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E083 (10/07)

**6. Name and Address of Current Registered Agent**

**PATTISON, G**  
**917 N PALMWAY STREET**  
**KISSIMMEE FL 34744**

4. FEI Number      Applied For  
**59-3053898**      Not Applicable

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

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      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 \_\_\_\_\_ (NOTE: Registered Agent Signature required when registering) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

**9. MANAGING MEMBERS / MANAGERS**

TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>WALTERS, JUNIOR</b>	
STREET ADDRESS	<b>324 DICKSON STREET</b>	
CITY - ST - ZIP	<b>KISSIMMEE FL 34744</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**10. ADDITIONS / CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Junior Walters  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Dept. to Print #