


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 07, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000000470		
1. Entity Name WALKER DRAPERY SERVICES, LLC		
Principal Place of Business 1534 HIALEAH DRIVE ORLANDO, FL 32808	Mailing Address 1534 HIALEAH DRIVE ORLANDO, FL 32808	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WALKER, MALCOLM F 1534 HIALEAH DRIVE ORLANDO, FL 32808		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by September 6, 2006		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALKER, MALCOLM F 1534 HIALEAH DRIVE ORLANDO, FL 32808	
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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: <i>Malcolm F. Walker</i>		1/3/06 401-249-3978
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>



07032006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0540938	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

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07/07/06-80011-011 55.00