## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Jul 08, 2005 8:00 am Secretary of State

DOCUMENT # L0400003478  1. Entity Name WALKING TREE, LLC						04-26-2005	90020 046 ****5	0.00
Principal Place of Business 701 W. CYPRESS CREEK ROAD, #303 FORT LAUDERDALE, FL 33309		Mailing Address 701 W. CYPRESS CREEK ROAD, #303 FORT LAUDERDALE, FL 33309		1400811111	n asni olgh sam asni san	ı Belir Farba imli bibli fess) (ö	)   10 Pl III 1881	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			06302005	Chg-LLC	CR2E083 (10/03)	
City & State		City & State			4. FEI Numb	-08104	155 A	oplied For ot Applicable
Zip -	Country	Zip Countr		try		e of Status Desired	\$5.00 Add Fee Require	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
ISAAC, KODSI 701 W. CYPRESS CREEK ROAD, #303				Street Address (P.O. Box Number is Not Acceptable)				
	IDERDALE, FL 33309							
				City			FL Zip Coo	le
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 September 7, 2005						l	e check payable to Department of Stat	e
9.	MANAGING MEMBERS/MANAGERS 10.				ADDITIONS/	CHANGES		
TITLE			TITLE				☐ Change	Addition
NAME STREET ADDRESS	TOCCI, PETER 701 W. CYPRESS CREEK ROAD	, #303		ET ADDRESS				
CITY+ST-ZIP				-ST-ZIP				- Addition
TITLE NAME			TITLE	E .			☐ Change	☐ Addition
STREET ADDRESS	I		STRE	ET ADDRESS				
CITY-ST-ZIP	P FORT LAUDERDALE, FL 33309 CIT			-ST-ZIP				
TITLE NAME		Delete	TITLE				Change	Addition
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			CITY	-SI-ZIP				
IIILE		☐ Delete	TITLE				Change	☐ Addition
name Street adoress .			NAMI	E Et adoress				
CITY-ST-ZIP				-ST-ZIP				
TITLE		☐ Delete	TITLE		-		☐ Change	Addition
NAME Street Address			NAM	E et address				
CITY-ST-ZIP				-ST-ZIP				
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME			NAM	ľ				
STREET ADDRESS CITY-ST-ZIP				et address -St-zip				ļ
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 truster ampowered to execute this report as required by Chapter 608, Florida Statutes.								
minied ita	owns company or me received or trustees	withousered to execute this	opultas	годинай бу спар	ioi uuo, rionda	Gialdies.		