


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

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| DOCUMENT # L04000010636 1. Entity Name WALKER SIDING, LLC |  |
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| Principal Place of Business 5118 CORA STREET MILTON, FL 32570 | Mailing Address 5118 CORA STREET MILTON, FL 32570 |
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01122007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 16-1690320 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent WALKER, MICHELLE E 5118 CORA STREET MILTON, FL 32570 |
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reselecting)</small> | DATE _____ |
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**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR WALKER, ROBERT D 5118 CORA STREET MILTON, FL 32570 |
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| <p>U00000591830 01/19/07-80039-014 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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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: Robert D. Walker (Robert D. Walker) 1-12-07 626-8971 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> |
| <small>Date</small> 1-12-07 <small>Daytime Phone #</small> 626-8971 |