2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 11, 2007 08:00 AM **DOCUMENT # L04000014713 Secretary of State** WALKER PROPERTIES ORC. LLC Principal Place of Business Mailing Address 30 OAFDSOLNDROAD 34 WAKEFIELDAVENLE KEYLARGO FL 33037 PORT WASHINGTON NY 11050 01082007 No Chg-LLC CR2E083 (11/05) Applied For 4. FÉ! Number 56-2469210 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent THOMES, TIMOTHY N ESQ. 99198 OVERSEAS HIGHWAY SUITE 8 KEY LARGO, FL 33037 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. Charles WALKER SIGNATURE. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS MGR MLE WALKER, ETHEL M NAME STREET ADDRESS 12 SHOREVIEW ROAD 000000583122 01/11/07-80060-003 50.00 CITY-ST-ZIP PORT WASHINGTON, NY 11050 TITLE NAME WALKER, CHARLES STREET ADDRESS 34 WAKEFIELD AVE CITY-ST-ZIP PORT WASHINGTON, NY 11050 MGRM TITLE **DELUCA, SUSAN** NAME STREET ADDRESS 7 HILLTOP ROAD CITY-ST-ZIP PORT WASHINGTON, NY 11050 ПΠЕ NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 true ee empowered to execute this report as required by Chapter 608, Florida Statutes.

Chailes H. Walled