

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000014713

FILED  
Jan 20, 2009  
Secretary of State

Entity Name: WALKER PROPERTIES ORC, LLC

**Current Principal Place of Business:**

30 CARD SOUND ROAD  
KEY LARGO, FL 33037

**New Principal Place of Business:**

**Current Mailing Address:**

34 WAKEFIELD AVENUE  
PORT WASHINGTON, NY 11050

**New Mailing Address:**

FEI Number: 56-2469210

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THOMES, TIMOTHY N ESQ.  
99198 OVERSEAS HIGHWAY  
SUITE 8  
KEY LARGO, FL 33037 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WALKER, ETHEL M  
Address: 12 SHOREVIEW ROAD  
City-St-Zip: PORT WASHINGTON, NY 11050

Title: MGRM ( ) Delete  
Name: WALKER, CHARLES  
Address: 34 WAKEFIELD AVE  
City-St-Zip: PORT WASHINGTON, NY 11050

Title: MGRM ( ) Delete  
Name: DELUCA, SUSAN  
Address: 7 HILLTOP ROAD  
City-St-Zip: PORT WASHINGTON, NY 11050

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHARLES WALKER

PRES

01/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date