

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000016642

FILED  
Feb 05, 2008  
Secretary of State

Entity Name: WALTER WADE, LLC

**Current Principal Place of Business:**

1528 STONE TRAIL  
ENTERPRISE, FL 32725

**New Principal Place of Business:**

10 RANCH TAIL ROAD  
DEBARY, FL 32713

**Current Mailing Address:**

1528 STONE TRAIL  
ENTERPRISE, FL 32725

**New Mailing Address:**

10 RANCH TRAIL ROAD  
DEBARY, FL 32713

FEI Number: 20-0837130

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WADE, WALTER  
1528 STONE TRAIL  
ENTERPRISE, FL 32725 US

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

WADE, WALTER  
10 RANCH TRAIL ROAD  
DEBARY, FL 32713 US

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: WALTER WADE

02/05/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WADE, WALTER J  
Address: 1528 STONE TRAIL  
City-St-Zip: ENTERPRISE, FL 32725

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WADE, WALTER J  
Address: 10 RANCH TRAIL ROAD  
City-St-Zip: DEBARY, FL 32713

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: WALTER WADE

MGRM

02/05/2008

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