

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L04000044413**

1. Entity Name  
WALTON COUNTY INVESTMENTS, LLC



Principal Place of Business  
181 PINE STREET  
SANTA ROSA BEACH, FL 32459

Mailing Address  
181 PINE STREET  
SANTA ROSA BEACH, FL 32459



04172008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1255224

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

COVELL, SCOTT M  
181 PINE STREET  
SANTA ROSA BEACH, FL 32459

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000906825  
05/05/08-80013-024 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM COVELL, SCOTT M 181 PINE STREET SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM WILLIAMS, KIRBY H 394 DRIFTWOOD POINT ROAD SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM COVELL, WILLIAM R 2409 GEORGETOWN DRIVE BARTLESVILLE, OK 74006
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM SILVA, JEAN C 107 BUNKERS COVE ROAD PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM COVELL, JAMES P 709 CHESAPEAKE DRIVE GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** *Scott M. Covell* MGRM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/18/08

850.450.5645