


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 22, 2005 8:00 am
Secretary of State

06-22-2005 90017 033 ****55.00

DOCUMENT # L04000046949	
1. Entity Name WALTON VENTURES, LLC	

Principal Place of Business ONE COMMERCE SQUARE, STE. 1300 MEMPHIS, TN 38103	Mailing Address ONE COMMERCE SQUARE, STE. 1300 MEMPHIS, TN 38103
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20060533



2. Principal Place of Business		3. Mailing Address 5170 Sanderlin Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 202	
City & State		City & State Memphis, TN	
Zip	Country	Zip	Country
		38117-4360	USA

06202005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent HART, W. CHRISTOPHER 151 REGIONS WAY, STE. 6-A DESTIN, FL 32541		7. Name and Address of New Registered Agent Name J. Edward Peel Street Address (P.O. Box Number is Not Acceptable) 1234 Airport Road, Suite 108 City Destin FL Zip Code 32541	
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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 J. Edward Peel DATE 6/20/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Charles S. Ryan One Commerce Square, Suite 1300 Memphis, TN 38103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: J. Edward Peel DATE 6/20/05

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