

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000050261

Entity Name: WALTON SOUND, LLC

FILED  
Apr 23, 2006  
Secretary of State

**Current Principal Place of Business:**

7 TOWN CENTER LOOP C-14  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

7 TOWN CENTER LOOP C-14  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

FEI Number: 20-1329099

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HALL, STEVEN K  
4399 COMMONS DRIVE EAST  
SUITE 300  
DESTIN, FL 32541 US

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

KOCHE, DAVID L  
601 BAYSHORE BOULEVARD  
SUITE 700  
TAMPA, FL 33606 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: DAVID L. KOCHE

04/23/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SMITH & ROOKIS INVES, TMENTS, LLC  
Address: P.O. BOX 1741  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGR ( ) Delete  
Name: TROPICAL SQUARE DEVE, LOPMENTS, LLC  
Address: P.O. BOX 1741  
City-St-Zip: SANTA ROSA BEACH, FL 32459

**ADDITIONS/CHANGES:**

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 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: RICHARD J. ROOKIS

MGR

04/23/2006

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