

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Feb 01, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # L04000050603**

1. Entity Name  
**WALTER'S ENTERPRISE LLC**



Principal Place of Business

**691 NW 48 AVENUE  
PLANTATION, FL 33317**

Mailing Address

**691 NW 48 AVENUE  
PLANTATION, FL 33317**



01292007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**74-3098933**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**THOMAS, ANNETT C  
691 NW 48TH AVE  
PLANTATION, FL 33317**

**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

*ANNETT C THOMAS*

*Annett C Thomas*

*01-29-07*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

U00000616880  
02/07/07-80049-004 55.00

9. MANAGING MEMBERS/MANAGERS

|                |                      |
|----------------|----------------------|
| TITLE          | MGR                  |
| NAME           | THOMAS, WALTER L     |
| STREET ADDRESS | 691 NW 48TH AVE      |
| CITY- ST- ZIP  | PLANTATION, FL 33317 |
| TITLE          | MGRM                 |
| NAME           | THOMAS, ANNETT C     |
| STREET ADDRESS | 691 NW 48TH AVE      |
| CITY- ST- ZIP  | PLANTATION, FL 33317 |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY- ST- ZIP  |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY- ST- ZIP  |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY- ST- 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:**

*Walter Thomas* **Walter Thomas**

Date

Daytime Phone #

*1-29-07* **822-5317**

*(954)*