

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 13, 2006 8:00 am
Secretary of State

05-03-2006 90038 032 ****50.00

DOCUMENT # L04000055598

1. Entity Name
HOWARD WALK, LLC.



Principal Place of Business
**4501 BEVERLY AVENUE
JACKSONVILLE, FL 32210**

Mailing Address
**4501 BEVERLY AVENUE
JACKSONVILLE, FL 32210**

30010221



DO NOT WRITE IN THIS SPACE

01312006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
51-0519271

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ATLEE, KENYON S
4501 BEVERLY AVENUE
JACKSONVILLE, FL 32210**

**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 resigning)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2008**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Managing Member
Atlee, Kenyon S.
4501 Beverly Avenue
Jacksonville, Florida 32210**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Member
Crisp, Dale K.
4501 Beverly Avenue
Jacksonville, Florida 32210**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, O

**Kenyon S. Atlee, Managing Member
904 384-6964 April 18, 2006**

Daytime Phone # _____