


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 06, 2007 8:00 am
Secretary of State

08-06-2007 90055 001 ****50.00

DOCUMENT # L04000056585	
1. Entity Name WALSINGHAM ROAD, LLC	

Principal Place of Business 1241 15TH COURT LARGO, FL 33770-440	Mailing Address 1241 15TH COURT LARGO, FL 33770-440
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2. Principal Place of Business - No P.O. Box # 14501 Walsingham Rd	3. Mailing Address 14501 Walsingham Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Largo FL	City & State Largo FL
Zip 33774	Zip 33774
Country	Country

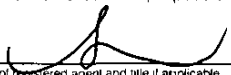


07262007 Chg-LLC CR2E083 (12/06)

4. FEI Number 36-4531848	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SHEA, SUSANNA S 1241 15TH COURT LARGO, FL 33770-440	7. Name and Address of New Registered Agent Name Susanna S. Shea Street Address (P.O. Box Number is Not Acceptable) 14501 Walsingham Rd City Largo FL Zip Code 33774
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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.

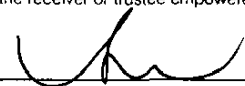
SIGNATURE  DATE **7/31/07**

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 14, 2007	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	MGRM SHEA, SUSANNA S PO BOX 1290 LARGO, FL 337791290 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14501 Walsingham Rd Largo FL 33774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOODY, DANIEL L PO BOX 1290 LARGO, FL 337791290 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14501 Walsingham Rd Largo FL 33774
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
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 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:  **Susanna Shea** **727-596-3000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #