2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2007
Secretary of State

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Entity Name: WALKER & ASSOCIATES, LLC

Current Principal Place of Business:

2831 RINGLING BLVD., SUITE A-104
SARASOTA, FL 34237

New Principal Place of Business:

4308 LOST FOREST LN
SARASOTA, FL 34235

Current Mailing Address:

2831 RINGLING BLVD., SUITE A-104
SARASOTA, FL 34237

New Mailing Address:

P O BOX 51569
SARASOTA, FL 34232

FEI Number: 20-1751272 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MIDDLEBROOKS, J. HUGH
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: WALKER, CROCKETT J
Address: 2831 RINGLING BLVD., A104
City-St-Zip: SARASOTA, FL 34237

Title: MGR ( ) Delete
Name: WALKER, SUZANNE G
Address: 2831 RINGLING BLVD., A104
City-St-Zip: SARASOTA, FL 34237

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: WALKER, CROCKETT J
Address: 4308 LOST FOREST LN
City-St-Zip: SARASOTA, FL 34235

Title: MGR (X) Change ( ) Addition
Name: WALKER, SUZANNE G
Address: 4308 LOST FOREST LN
City-St-Zip: SARASOTA, FL 34235

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: SUZANNE G WALKER MBR 04/04/2007

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