


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90017 019 ****50.00

DOCUMENT # L04000067423					
1. Entity Name WALKER-WHITNEY PLAZA, LLC					
Principal Place of Business P.O. BOX 7598 ST. PETERSBURG, FL 33734 US			Mailing Address P.O. BOX 7598 ST. PETERSBURG, FL 33734 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-2526410	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GOLDIS, JOSH 2553 1ST AVENUE N ST PETERSBURG, FL 33733				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete		TITLE	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALKER, JOEL			NAME	James M. Rudnick
STREET ADDRESS	P.O. BOX 7598			STREET ADDRESS	PO BOX 13633
CITY-ST-ZIP	ST. PETERSBURG, FL 33734			CITY-ST-ZIP	Tallahassee, FL 32317
TITLE	MGRM <input type="checkbox"/> Delete			TITLE	MGRM <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THE BLAKE WHITNEY THOMPSON CO, LLC			NAME	Regional Capital Funds, LLP
STREET ADDRESS	P.O. BOX 7598			STREET ADDRESS	3500 Financial Plaza, Suite 202
CITY-ST-ZIP	ST. PETERSBURG, FL 33734			CITY-ST-ZIP	Tallahassee, FL 32312
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	

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04132006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2526410 Applied For
Not Applicab

5. Certificate of Status Desired **\$5.00** Additional Fee Required

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.