

# 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

04132006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
20-2526410

Applied For  
Not Applicable

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

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

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, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
WALKER, JOEL  
P.O. BOX 7598  
ST. PETERSBURG, FL 33734

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
James M. Rudnick  
PO BOX 13633  
Tallahassee, FL 32317

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
THE BLAKE WHITNEY THOMPSON CO, LLC  
P.O. BOX 7598  
ST. PETERSBURG, FL 33734

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
Regional Capital Funds, LLP  
3500 Financial Plaza, Suite 202  
Tallahassee, FL 32312

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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.