

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000067423

FILED  
Feb 24, 2009  
Secretary of State

Entity Name: WALKER-WHITNEY PLAZA, LLC

## Current Principal Place of Business:

P.O. BOX 7598  
ST. PETERSBURG, FL 33734 US

## New Principal Place of Business:

226 5TH AVENUE NORTH  
1406  
ST. PETERSBURG, FL 33701 US

## Current Mailing Address:

PO BOX 13633  
TALLAHASSEE, FL 32311 US

## New Mailing Address:

FEI Number: 20-2526410      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LINDSEY, WM. SCOTT  
1882 CAPITAL CIRCLE, N.E., STE. 106  
TALLAHASSEE, FL 32308 US

## Name and Address of New Registered Agent:

BOYD, JOSEPH R  
1407 PIEDMONT DRIVE EAST  
TALLAHASSEE, FL 32308 US

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: JOSEPH R. BOYD

02/24/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: RUDNICK, JAMES M  
Address: P.O. BOX 13633  
City-St-Zip: TALLAHASSEE, FL 32317 US

Title: MGRM ( ) Delete  
Name: REGIONAL CAPITAL FOODS, LLP  
Address: 3500 FINANCIAL PLAZA, SUITE 202  
City-St-Zip: TALLAHASSEE, FL 32312

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JAMES M. RUDNICK

MGRM

02/24/2009

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